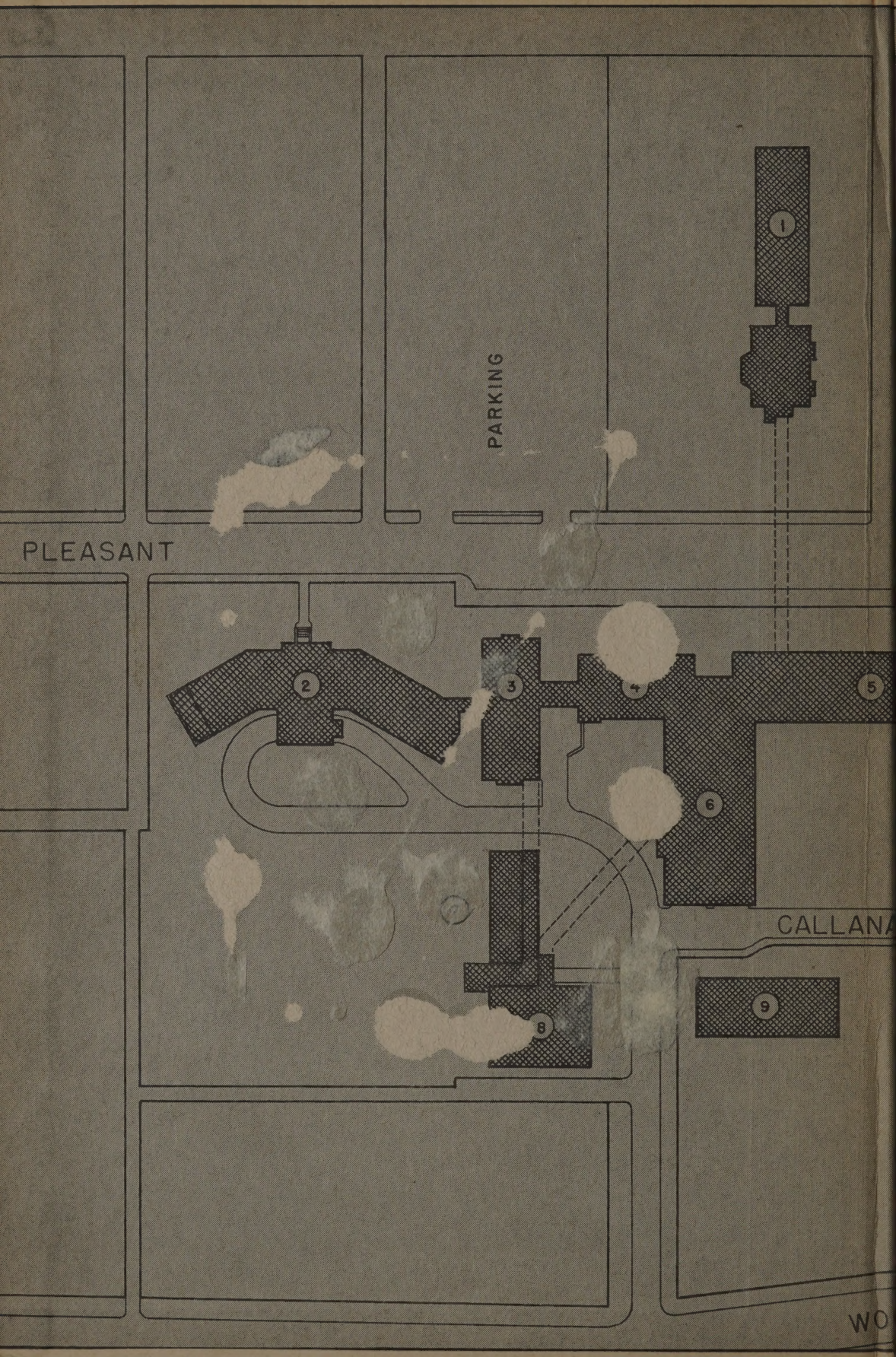
By EDITH M. BJORNSTAD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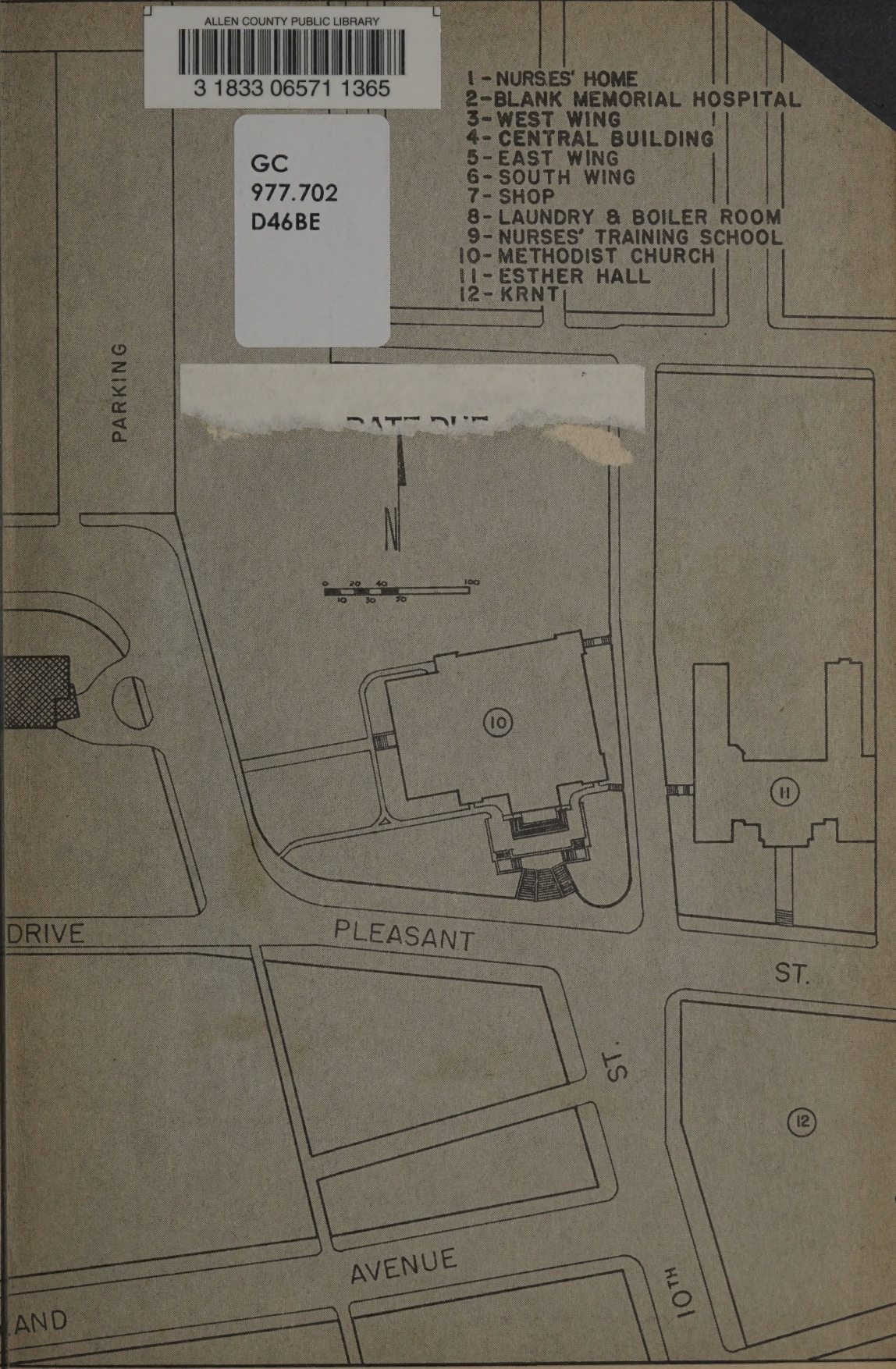

WINGS

IN WAITING

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WINGS IN WAITING

A HISTORY OF IOWA METHODIST HOSPITAL

1901 — 1951

by EDITH M. BJORNSTAD

IOWA METHODIST HOSPITAL

Board of Directors

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Donald W. Cordes, *administrator*

Herbert G. Gillis, *assistant administrator*

*Member of executive committee.

†Deceased, December 19, 1951.

FOREWORD

In commemorating a semi-centennial of hospital service, it is fitting to record in historic sequence the growth and development of the Iowa Methodist Hospital during its first fifty years.

As we glance back into our yesterdays, it is timely to offer tribute to that loyal band of volunteer workers and attending professional staffs who inspired and chartered this institution in its beginning and directed its destiny toward ever wider fields of service.

We marvel at the continuing progress from those early days with the limited facilities in that first hospital in the old central building, formerly Callanan College, to which was soon added the modest west wing, followed within a few years by the erection of the more modern seven-story east wing; later a complete remodeling of the old center to provide administrative offices, surgical operating rooms, obstetric delivery services, clinical laboratories, a modern x-ray department for diagnosis and treatment, and the Oliver J. Fay Library.

Then in 1943, in the midst of World War II, came the beneficent contribution—the Raymond Blank Memorial Hospital for Children, a model of its kind, complete in every detail for providing the highest type of scientific care for sick children.

And now, to more completely commemorate fifty years of progress, we rejoice in the dedication of a magnificent new nine-story south pavilion, bringing to fruition the fondest dreams of its founders.

The Iowa Methodist Hospital, now the largest private general hospital in this state, looks forward with faith and confidence to expanding fields of useful service. The provision in the new wing, aside from new surgical operating suites, obstetric delivery services and dietetic department, of an entire floor for the diagnosis and early treatment of mental disorders, is a new departure, based on the concept that patients with early nervous symptoms are prepared to go to a general hospital for study at a stage when help can be promised, whereas they are unwilling to enter custodial institutions even for early treatment.

The liberal public response in the enlistment of funds that made these improvements possible clearly indicates that this hospital is distinctly a community enterprise, confined not alone to the Des Moines area, but extending throughout the state and beyond its borders.

The hospital Board of Directors, the executive personnel and professional attending staffs recognize the equal obligation to meet the challenge of increasing needs for medical service, not alone in the modern care of the sick, but in radiating its influence towards

the improvement of community health by wise educational methods, particularly in the preventive aspects of disease.

Since its beginning, the Iowa Methodist Hospital has maintained a training school for nurses, and throughout the years has kept pace with the highest standards of nursing education. This hospital recognized the further obligation for the continuous training of its professional personnel to provide better doctors, nurses, dietitians, x-ray and clinical laboratory technicians for future service.

The admission of interns and resident physicians to the hospital staff entails the obligation of their continued training by the members of the medical and surgical staffs, which is further reflected in the better care of patients.

In accepting this community challenge and to insure public approval, the Iowa Methodist Hospital with its modern equipment, well-trained nursing personnel and coordinated professional activities of knowledge and skill, guards well the traditional imponderable something referred to as the "human side of the hospital". "'Tis that subtler spirit of enthusiastic and self-effacing cooperation, of steadfast sympathetic loyalty and devotion to a common cause that is bigger than any individual, that wins battles and makes hospitals".

In closing—"A hospital is a sanctuary consecrated to the healing of the sick and dedicated to the training of men and women in the art of medicine. Its staff should have a keen sympathy and a genuine love for the work and for the human souls who occupy the sick beds".

WALTER L. BIERRING, M.D.

ACKNOWLEDGMENTS

Many have helped to write the history of Iowa Methodist Hospital. In the beginning two alumnae of the School of Nursing, Miss Isabel McHarg, class of 1907, and Mrs. S. E. Lincoln (Millicent Schaar), class of 1908, spent countless hours in collating information, verifying dates, interviewing and writing to classmates and others, and calling upon their own memories to furnish material for the history. Without their help this history could not have been written.

Dr. Nelle Noble, the hospital's first woman intern, who served the hospital continuously from her internship in 1905 until she recently retired, also worked tirelessly and enthusiastically to gather information. Her factual assistance and her helpful suggestions have been invaluable.

I am especially grateful to Donald Cordes, the hospital administrator, who asked me to undertake this project, and has collaborated in every phase of its progress. Despite the very heavy duties of his position, he has always found time to help whenever I needed help, whether it was to explain some operation of the hospital unfamiliar to an outsider, to furnish sources for factual information, or to read with helpful suggestions every draft of each chapter. All existing records that I needed to use have been available to me. Perhaps my keenest appreciation is for the continuing assurance of my freedom to tell the story as I saw it.

Many others have helped in numerous ways. Chaplain Lloyd Scheerer undertook the laborious task of arranging for and collecting the illustrations. Among those who have read the manuscript and made helpful suggestions are Rolfe O. Wagner, president of the board of directors, Ralph Jester, chairman of the executive committee of the board of directors, and the late William Wiseman, a member of the board of directors for many years, before his death December 19, 1951. I am indebted to Dr. Lee Forrest Hill for his complete history of pediatrics at the hospital; to department heads for the histories of their departments; and to Dr. Thomas A. Burcham, Dr. Daniel J. Glomset, and Dr. Walter Bierring, for taking time to discuss the medical phases of the hospital development. My indebtedness to many others is recorded in the footnotes; undoubtedly still others have helped; omissions are unintentional and regretted. And I am grateful to my husband, who has served as dictionary, thesaurus, and proofreader.

EDITH M. BJORNSTAD

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Chapter 1

ONE MAN'S DREAM

One Man's Dream

ON JANUARY 16, 1901, on a quiet hill overlooking the business center of Des Moines, Iowa Methodist Hospital opened its doors. The little hospital at 1200 Pleasant Street afforded beds for thirty patients in a red brick structure built originally to house Callanan College. Today this building, erected in 1880, still furnishes the main entrance to what is now the largest private hospital in the state of Iowa. Through its corridors have passed just over 200,000 bed patients, countless visitors, as well as thousands of doctors, nurses, and the innumerable staff needed in the work of healing the sick.

But Central Building, as the former Callanan College structure is now called, is today only a small part of the great hospital which stretches over what has come to be known as Methodist Hill. Wings have been added—first to the west, in 1903, for the little hospital quickly outgrew its capacity and more room became imperative in only two years; then to the east, in 1908; farther on to the west, when beautiful Blank Memorial Hospital for Children was erected in 1943; and climactically, fifty years after the hospital opened, to the south, with the magnificent new structure which places Iowa Methodist among the most modern and best-equipped hospitals in the country. The hospital and School of Nursing campus developed through the five decades over the hill and across Pleasant Street, with two homes for nurses as well as various service buildings spread over six and a half acres of grounds, an area which makes available still more room for future development of the health center.

Growth to maturity and the present almost limitless opportunity to serve the Des Moines community and the state has not been easy. To those who have planned and worked for the new $1,720,000 south wing, it must seem almost incredible that Iowa

Methodist Hospital started with an initial fund of $11,000 raised by the time of the 1900 annual meeting of the Methodist church conference.

It was a hospital founded on faith, furthered by prayers and good works, and, for many years, run on the proverbial shoestring. Though its friends labored ceaselessly for the vision of its founders, perhaps only in the last decade has the hospital reached the fulfillment some must have dreamed of when the undertaking first was formulated at a dinner meeting in May, 1899.

Central Building, former Callanan College, as it appeared in 1901.

South view of Central, with east and west wings, about 1916.

North view, Central and the west wing, 1905.

For several years there had been those who felt the need for another Des Moines hospital, a house of healing and mercy based on the ethics of Christ, and permeated by the spirit of the Great Physician. Perhaps a provident hand gave guidance. The need crystallized in the heart of one man, Theodore F. Gatchel. Already an active layman in the affairs of the First Methodist Church, which he served for a time as the president of its board of trustees, Mr. Gatchel became fired with a contagious enthusiasm for this practical demonstration of Christianity. Of him, John Callander said, "I have known Mr. Gatchel for eighteen years. The monument which stands on Pleasant Street [Iowa Methodist Hospital] . . . has been on his mind for as long as I have known him."[1]

Energetic and resourceful, Mr. Gatchel utilized the business ability which made him secretary of the Des Moines Fire Insurance Company to further this project of faith. He can be considered the prototype of the many fine Christian laymen who in the five decades since have directed their business acumen, motivated by a sense of responsibility to their fellow men, to the affairs of the hospital, through service on the board of directors and its executive committee.

The Pennsylvania-born boy of fifteen who enlisted in the Maryland Volunteers of the Union army in 1861, serving till the end of the war despite the release which his father secured for him, may have spent long hours pondering his mission in life, as he sat in Libby Prison waiting for the parole that set him free. Certainly he had an awareness of the needs of others and a sense of compassion. In Washington, D.C., where he served as president of the Police Board during the two presidential terms of U. S. Grant, and then was reappointed by President Hayes, he organized and was first president of the Society for the Prevention of Cruelty to Animals. (He also was responsible for installing public drinking fountains in the nation's capital.) Six years after his marriage in 1873 to Miss Blanche Morrell of Washington (who, following her husband's death, was a member of the board of directors until her own death in 1917) he moved his family to Des Moines, continuing in Iowa the Methodist lay activities in which he had participated since childhood. He furthered Oxford and Epworth League youth activities, and taught in Sunday School as well as serving on the church board. In Des Moines he also founded and was first president of the SPCA.[2]

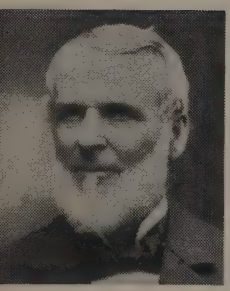
It was in 1898, as chairman of a special Methodist conference committee on Deaconess work that Mr. Gatchel officially called attention of his fellow Iowa Methodists to the need for a hospital. A Deaconess home with three deaconesses in charge had been organized about three years before to carry on a teaching and service program in Des Moines. In the 1898 conference year book Mr. Gatchel cites these "needs of the work in Iowa:

"1. More consecrated deaconesses trained in the different departments of the work;
2. A better understanding of the work by our preachers;
3. A Methodist hospital in Des Moines to be fostered and cared for by the Methodist church in Iowa and its friends."

There is no indication that the conference took action then on the report. But Mr. Gatchel himself, in May, 1899, took the initiative, calling together ministers, interested laymen, and representative businessmen, the vanguard of later boards of directors, to attend a dinner to discuss the hospital undertaking. Among those at this historic occasion were L. M. Mann and E. D. Samson, both of whom served many years as presidents of the board; Major Bidwell, William H. Arnold, the Rev. A. E. Griffiths, and others. In succeeding meetings a hospital association was formed, and articles of incorporation were filed May 16, 1899, in the Polk County courthouse in Des Moines.

On September 14, 1899, a conference committee on Methodist Hospital was appointed: John F. St. Clair, who became field agent for the new institution, E. W. McDade, Oral Brown, F. L. Hayward, A. H. Collins, and the Rev. E. E. Eaton. A year later a new committee was chosen, representing the Atlantic, Boone, Chariton, Council Bluffs, Creston, and Des Moines districts of the Des Moines conference.

A FEW OF THE EARLY DIRECTORS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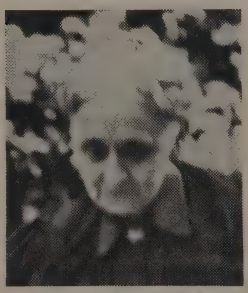
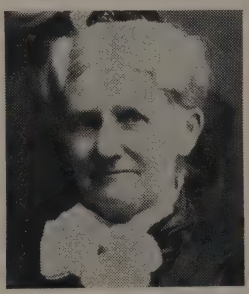
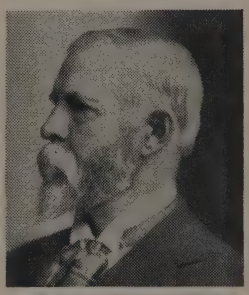

Anna Redhead Wesley


Mrs. Elizabeth Stanley


Samuel Green

Rev. G. W. L. Brown

Mrs. Jackson Beyer

W. H. Arnold

Mrs. John Gibson

The articles of incorporation provided that a board of seventeen persons should act until the first annual meeting of the stockholders, to be held in October. These seventeen included, of those who signed the articles of incorporation, Mr. Gatchel, the Rev. Mr. Eaton, the Rev. T. McK. Stuart, Anna Redhead, Elizabeth K. Stanley, and Jehiel Tone. These others were appointed directors: Samuel Greene, James H. Senseney, E. B. Evans, William Phillips, William H. Arnold, G. W. Marquardt, Charles H. Ainley, W. R. Marshall, George L. Dobson, J. F. Kennedy, and L. M. Shaw. Mrs. A. E. Griffith and G. W. L. Brown were also signers of the articles, which were notarized by Mr. Arnold.

At the first annual meeting of the hospital association on October 15, 1900, the following board of directors was elected:

For five years, W. R. Marshall, W. H. Arnold, C. H. Ainley, E. D. Samson, L. M. Shaw; for four years, Mr. Gatchel, the Rev. E. B. Evans, E. Depew, L. M. Mann, G. M. Read; for three years, the Rev. J. H. Senseney, the Rev. A. E. Griffiths, Joshua Jester (grandfather of Ralph Jester, present chairman of the executive committee), C. R. Benedict, F. R. Conway; for two years, Mrs. E. K. Stanley, Mrs. I. H. Benson, Anna Redhead, Mrs. Warfield, Mrs. Jackson Beyer; for one year, James Callanan, Charles Wharton,[3] the Rev. D. C. Smith of Iowa Conference, the Rev. Mr. Cochran, Storm Lake, Northwest Iowa Conference, J. E. Lockwood, Upper Iowa Conference. The following were members of the first executive committee: Mr. Mann, president of the board of directors, *ex officio*; Mr. Gatchel, chairman; Mr. Griffiths, secretary; Mr. Ainley, Mr. Conway, Mr. Arnold, and the Rev. Mr. Evans.[4]

It is interesting to note that women served on the board from the beginning and the first board of twenty-five members had five women.

A site for the new hospital must be found. Mercy (Catholic) Hospital had been established in 1895. The only other hospital in Des Moines was Cottage Hospital at Fourth and Ascension Streets, occupying a large home converted to hospital use. The managers of Cottage Hospital decided in August, 1899, to close its doors, for lack of maintenance funds, and because the two new hospitals would be better equipped. (Later its funds were given to Iowa Methodist to support a Cottage Hospital Ward.) The Cottage Hospital site was offered to and considered by the Methodists, but before any action was taken, another possibility developed.

Callanan College was being offered for sale. In 1879, because there had been limited opportunities in the area for advanced education, particularly for girls, a group of citizens organized to pledge support to a school. James Callanan, a wealthy and philanthropic man, soon assumed the responsibility for the entire project, and purchased the J. B. Stewart residence at 1200 Pleasant Street, remodeling it and equipping it to accommodate 250 students at a cost of $80,000. He had a long wing added to the residence, and

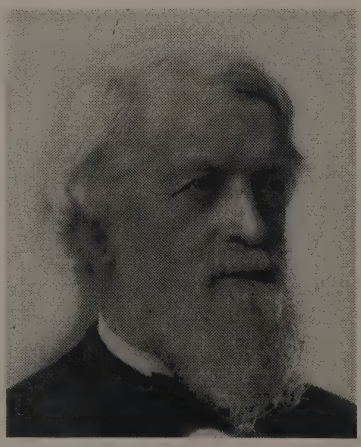
in 1880 erected, at a cost of $16,500, a new building for the college, the building now known as Central Building of Methodist Hospital.

Although the new school, under the leadership of the Rev. C. R. Pomeroy and Mrs. Pomeroy of New York, flourished for several years, other educational opportunities were developing, and Drake University had opened in 1881. After a comparatively brief existence, Callanan College was closed, and the building was leased to Drake University for a music conservatory. In 1896 the Stewart residence was leased, rent free for a year, to an association of charitable women to be used as the Home for Aged Christian Women. The residence was occupied until the home was moved to 2833 University Avenue in 1899.

Valued at $65,000, the college buildings and grounds were offered to the Des Moines Methodist conference for only $30,000. Later, through the influence of Mr. Mann, Mr. Callanan made an annuity agreement whereby the $30,000 purchase price was to be given to the hospital with the stipulation that the hospital pay him an annuity of $100 a month for the remainder of his life. The hospital had paid only $1800 when Mr. Callanan died September 25, 1904, at the age of 84. Although the executors contested the annuity agreement, Judge W. H. McHenry, in June, 1905, ruled that the note should be paid as was the intent of the maker. Thus the hospital achieved title to the property.

The location was all that might be desired. The three acres of hillside overlooked the entire business area of the city and offered a view of the beautiful hills and valleys of the Des Moines and Raccoon rivers. Although the metropolitan district has drawn closer, the hospital is still in a quiet area, yet only a few minutes from their downtown offices for busy doctors.

In the 1900 conference minutes, Mr. St. Clair reported, "The effort of founding a hospital in Des Moines has resulted in the purchase of a valuable property in Des Moines at a reduced price and conveniently located. Considerable money has been raised to furnish the enterprise. The buildings are being made ready for occupancy by November 11th." Elsewhere the conference minutes record, "The Callanan College Building is being refitted for a hospital. It is three stories high. The other large two-story building, created for a dormitory, will soon become the home of the Deaconess Training School. Iowa Methodist will have cost $30,000, refitting, $5,000 to $6,000. Nearly $11,000 has already been raised."



James C. Callanan

Both buildings were of red brick, the I-shaped Central Building having a slate roof and stone foundation. The other building, surrounded by spacious open porches in the architectural style of its day, housed both the nurses' home and the Deaconess Training School, as the original plan was to have the training courses correlated. The Central Building, facing north, was about twenty feet west of the residence, which later was razed to make room for the east wing.

James C. Callanan, who founded Callanan College and by his $30,000 annuity gift assured Methodist Hospital of the deed to its first property, had moved to Des Moines with his wife in 1863, when he was 43. They came by train as far as Iowa City, but since the Rock Island railroad ended there, made the rest of the trip by stage coach. A lawyer admitted to the bar in 1847, Mr. Callanan was co-partner ten years later of Colonel Schuyler Ingham of the banking house of Callanan and Ingham. From the time he arrived to join his partner here, Mr. Callanan and his wife took interest in civic affairs. His philanthropies included a Home for Friendless Children, and generous support of Penn College at Oskaloosa (he was born of Quaker parents), and when he died, his will, bequeathing $175,000 to educational institutions and $148,000 to churches and charities, was considered the most conspicuous example of individual generosity chronicled in Des Moines up to that time. Beneficiaries included Benedict Home, the Iowa Women's Equal Suffrage Association, the Iowa Humane Society, the Home for the Aged, the Salvation Army, the Corinthian Baptist Church, St. Paul's A.M.E. Church, First African Baptist Church, Burns Chapel, Maple Street Baptist Church, Union Congregational Church, and the Home for Aged Colored Folks. Like Mr. Gatchel he was an early president of the SPCA.

Mrs. Callanan was no less interested in the welfare of her adopted city. She was an organizer of the Equal Suffrage Association of Iowa in 1870; edited and published *The Woman's Standard,* a business magazine, from 1886 to 1901; was president of the Woman's Club from 1886 to 1889; was president of the women's organization of the First Methodist Church; was second president of the board for the Home for the Aged; helped to found Benedict Home for Friendless Girls; and was active in the Women's Christian Temperance Union. When the Congress of Women was called in 1873, an association for "advancement of women" was formed, in which Mrs. Callanan represented Des Moines from the beginning. She died August 16, 1901, in Dallas County, Iowa, on Callanan Farm, from injuries received in a carriage accident.[5]

The twenty-year-old hospital building was substantial, and T. I. Stoner, then a youth in his twenties, employed by Mr. Callanan to prepare the building for sale, reported that when his tedious chore of pointing up bricks and painting was completed, it was a "very good building".[6] The lower, or first floor, which opened on

the south hillside a story below the north entrance, contained the general kitchen, dining room, main linen room, servants' quarters, and a large furnace room for a heating plant which served both the hospital and the nurses' home.

The main floor opening on the north had an office at the left of the entry with a single telephone (number 836) and east of that were the drug room and small pathological laboratory. To the right of the entry was the reception room, which had lace curtains at the windows and was furnished with a leather couch and several leather rocking chairs. A long library table was in the center of this room, and in a corner a pedestal held a corn palm in a white Dresden jardiniere.

Through this hall half a dozen or so patients were admitted that first day.[7] Announcement had been made in the Iowa State Medical Journal as well as at the September conference of the church that the hospital would open in November, 1900, but the actual opening was on January 16, 1901. The opening was evidently attended with no fanfare; search of newspaper files for the day shows no announcement. Unheralded was the new hospital in the new century.

It is not known who the first patients were. Perhaps the staff were too busy to keep complete records, for the patients kept on coming, and although there were only thirty beds to begin with, a report May 1, 1901, showed the hospital with fifty-four patients, some on cots hastily brought in.

A large freight elevator housed in heavy black wire caging, and operated by a hand-pulled iron cable, was installed south of the office, but before its completion the first surgical patients were carried on stretchers up and down the flights of stairs to the fourth floor operating room by the twenty-two senior medical students of Drake University. It is reported that the students enjoyed this duty, and perhaps the patients, when conscious, were less apprehensive than they might have been with the early elevator.

Dr. Hugh Woods of Des Moines recalled carrying patients on his back down the steps, in the days before the elevator was completed, and occasionally afterward, when the elevator was out of order.

The stairs were in the center rear of the main hall. To the southeast were a ward for men and another for women, and to the west, another women's ward and a private room. Medicines, dressings, and a dressing basket were crowded into the linen room in the southeast corner, in which a small desk was also placed for patients' charts.

A toilet was across the hall, and in the northeast corner was a bathroom with racks for bedside paraphernalia. Diet kitchens were at the east end of the corridor on all floors, served by a dumbwaiter pulled from the general kitchen. (Bedlam occasionally

resulted when the rope stuck.) Doctors and interns were called by a dry cell battery buzzer to a speaking tube for messages.

On the third floor (or second, from the main entrance) was a children's ward of seven or eight beds. The remainder of the hospital was made up of private rooms, except for the diet kitchens and linen rooms, and the fourth floor operating room. There was no provision for obstetrical cases—women were still having their babies at home.

The operating room was resplendent with white tiled floors, white enameled walls, a wide north window, and a large skylight. It had a wooden amphitheater seating about fifty persons on its benches for clinics of Drake University medical students. There were two rooms for dressing surgical cases, one called the "clean" dressing room, served by the surgical nurses, and the other known as the "pus dressing room," served by specially assigned student nurses. The sterilizing room was east of the operating room.

It was in this freshly tiled and painted operating room that Dr. David W. Smouse[8] performed the first operation in the hospital,

An early operation in Iowa Methodist Hospital's first operating room.

soon after it opened. He held a clinic for senior Drake students, performing a laparotomy.

Who was the patient who was the center of attention on this historic occasion? No one remembers—but observers included, besides the students, a group invited from Mercy Hospital. They were Miss Barbara Seiler, surgical nurse at Mercy; her assistant, Miss Emma Shackelford (later Mrs. J. W. Tyrrell); and Dr. Tyrrell. Dr. Tyrrell commented that Methodist's first surgery "proceeded very nicely" though "the service was not quite so smooth" as in Mercy. The latter hospital, he said, would like to have kept Dr. Smouse.[9] Both hospitals were filled to capacity in these early years.

The first medical and surgical staff, according to an announcement in the Iowa State Medical Journal[10] included the regular consulting staff, Drs. Smouse, Andrew R. Amos, James T. Priestley, M. Nelson Voldeng, Lewis Schooler, and Edith Gould Fosnes; and the attending staff, Drs. C. E. Stoner, E. L. Stevens, E. E. Dorr, Eli Grimes, Crayke Priestley, C. F. Smith, and Lenna L. Meanes. (There were two women on the staff. Women had come a long way since The Woman's Medical College had opened the profession for women in 1850 in Philadelphia.) A homeopathic staff was also listed: Drs. A. M. Linn, William Woodbury, Lucy Busbinbach Harbach, consulting; and L. C. Loizeaux, (Miss) Marion Howell, C. E. Holloway, A. O. Hunter, and C. W. Easton, attending.[11]

The announcement stated, "The hospital is supported by the Protestant Churches throughout the state, and is properly a state institution. The location is ideal, both for medical and surgical cases. Large, well-shaded grounds surround the buildings. All reputable physicians are invited to bring patients to the hospital."

Of the fifty-four patients brought by reputable physicians in May, 1901, less than three and a half months after the opening, one third were "free" patients. The total income for May, 1901, was $600, but expenses for the month were $748. During the first 146 days there were 169 patients, forty of them "free"; and there was always, according to Miss Edna Snyder, a member of the first nurses' class, a shortage of money to purchase the supplies necessary to serve patients adequately.

Thus, in the first year of its existence, in the first year of the twentieth century, Iowa Methodist Hospital was flourishing with more than enough patients and too little money. It was a story that was to be repeated a good many times in the next few decades.

FOOTNOTES

1. Quotation furnished by Mrs. S. E. Lincoln, who, with Miss Isabel McHarg, collated much of the information on which the early chapters are based.

2. Biographical information on Mr. Gatchel is taken from *Theodore Gatchel—in Memoriam, 11th Year, IMH,* published in 1911; and from writings by the Rev. Mearl Gable, former hospital chaplain.

3. Mr. Wharton was a member of the board of directors consecutively from the beginning until 1942. On October 22, 1942, he was honored when his long service on the board was recognized, and he received a bouquet of flowers from his fellow directors. He resigned from the board December 22, 1942, because he had taken employment with the hospital as a custodian, to help out during the wartime shortage of workers.

4. These names are written by hand in a small ledger entry book used for Executive Committee Minutes from 1900 to 1907.

5. Biographical information on Mr. and Mrs. Callanan is recorded in *History of Des Moines and Polk County* by Johnson Brigham; *Annals of Iowa,* Volume 2, p. 538; and the following newspapers: *Register and Leader,* May 10, 1902, p. 4; *ibid.,* November 13, 1902, p. 3; *ibid.,* October 14, 1904, p. 1; *Des Moines Capitol,* September 27, 1904, pp. 1,4; and records of the Des Moines Woman's Club.

6. From notes of Mrs. Lincoln and Miss McHarg.

7. Interview in 1951 with Miss Edna Snyder, member of the first class of the Iowa Methodist Hospital School of Nursing.

8. Gatchel Memorial Methodist Church, Callanan Junior High School, and Smouse Opportunity School preserve in Des Moines names significant in the beginning of Iowa Methodist Hospital.

9. Interview with Dr. Tyrrell by Miss McHarg and Mrs. Lincoln.

10. *Iowa State Medical Journal,* volume 7, No. 1, January 15, 1901, p. 52.

11. Homeopathy is defined in Webster's *New International Dictionary,* second edition, as "the art of curing, founded on resemblances; the theory and its practice, that disease is cured by remedies which produce in a healthy person effects similar to the symptoms of the complaint of the patient, the remedies usually being administered in minute doses." Dr. A. M. Linn, representing the homeopaths, "appealed to the executive committee for recognition of the Homeopathic School of Medicine, stating that they had practically been ruled out of the hospital. He asked for their school that they be given one-third of the charity patients brought to the hospital and those patients who request the attendance of homeopathic physicians." (Executive Committee Minutes, 1900-1907, p. 11.) The homeopathic staff were admitted to the Polk County Medical Society in 1909, and the two staffs were thereafter listed together.

Chapter 2

WILLING HANDS AND LOVING HEARTS

Willing Hands and Loving Hearts

"SOMETIMES I feel that nurses ought to form a union that their hours of work might be regulated," said Dr. E. E. Dorr, one of the speakers at the graduation exercises of the first class of the School of Nursing of Iowa Methodist Hospital, on January 20, 1903. "I do not stand alone when I assert that twelve hours of each day is too long for any girl to be continuously engaged in one occupation. Eight hours would be sufficient."

To the four white-uniformed young women graduates of the first two-year course, sitting in the parlor of the nurses' home, Dr. Dorr's words must have seemed revolutionary and visionary. As they heard Dr. Dorr and Dr. Smouse[1] praising the vocation they had chosen, as each received from Dr. Granville Ryan a dozen American Beauty roses with a gaily-wrapped clinical thermometer in the top of each bouquet, perhaps, in the inspiration of that occasion, each felt rewarded for her long hours of hard work. Perhaps each in her heart was content that, as Dr. Dorr expressed it, she had indeed chosen that "nobler and higher aim and desire to do for humanity that which only the willing hands and loving hearts of a bright and hopeful nature can do."

It had been a harrowing two years for the four graduates and two others who did not complete the work with their classmates because of illness. Dr. Dorr was evidently not alone in his opinion that "it would be much better if our girls would devote three years in our hospital . . . and go out well and strong and well-educated in their work than to spend two years and graduate in failing health or infected by disease to which they have been exposed in their long hours of labor." Because the board of directors came to the same conclusion, the students who entered training in 1904 were persuaded to remain an extra year for a three-year course. After the graduation exercises in 1904 and 1905, there was no

ceremony until 1907, when the first three-year course was completed.

The rash and no doubt half-whimsical suggestion of Dr. Dorr that the student nurse should have an eight-hour day took longer to become a reality. It was not until 1939[2] that student nurses gained an eight-hour day, forty-eight-hour week, including class time. In 1950, this was further reduced to forty-four hours per week including the hours spent in class.

Arlene McMillan, Emelia Timon, Edna Snyder, and Rosena West were the four girls who received diplomas, signed by Miss Margaret Gibson, the superintendent from August, 1902, to April, 1903. Rarely was a class motto—"Ever Faithful"—more appropriate. Miss Snyder designed the first school pin worn by the graduates, of gold and blue enamel, their class colors, adorned with

Rosena West, a member of the first class of the School of Nursing, models her student uniform, and her graduate uniform.

a gold wreath of laurel leaves. The pin proved expensive and a less costly design was chosen for the 1905 graduates, the same pin worn by the school graduates today.

When the school opened in 1901, student nurses were not required to supply uniforms, but to bring washable clothes. Some probationers[3] wore the shirtwaists and skirts popular at that time. The first uniforms adopted were like those the first two superintendents, Miss Anna M. Connor and Miss Margaret Williams, had worn in training at Reading Hospital in Pennsylvania. These were dresses of fine-striped blue and white gingham, with funnel-shaped white starched cuffs pinned on the long sleeves. Quaint white

kerchiefs were worn around the neck, the ends tucked into the band of the bibless apron. Watches were also tucked perilously into the band, with a five-inch fob pendant outside. Oval organdy caps were bordered with plain ruching.

This headdress may not have been becoming to the students, for in 1902, when Miss Estella Campbell was superintendent, they asked and received permission to select a new cap, the design for which they copied from a picture of another hospital group. This was a round of pleated muslin with narrow upturning brim. Uniforms also were changed to a plain blue chambray with bishop collar and two-inch cuffs, and a square-bibbed apron with shoulder straps. Chatelaine watches pinned on the apron bibs no doubt afforded a welcome change from the insecure waistband repository for timepieces.

Nursing legend has it that when the Bellevue (New York) Training School for Nurses was established in 1873, the first women who responded to the call for hospital nursing disliked the idea of a uniform, feeling it savored too much of a servant's livery for professional women. Each dressed as she pleased, until a daughter of a prominent New York family, a woman described as "beautiful, tall and dignified," appeared in a blue-striped dress with white cap and apron, making such an impression that the uniform was adopted and thenceforth never questioned.[4]

There was a wish to make nursing a profession, but the semblance of much of the work in those days to servants' drudgery must have been painfully evident to nurses. Beginners cleaned the bathrooms, toilets, and bedside equipment; washed the patients' dishes and set up their trays. Nurses in charge of communicable disease patients boiled and washed their dishes. Nurses also regularly swept and dusted the rooms and wards, and thoroughly cleaned the rooms again, even washing the windows, before new patients came in. Each nurse on the average cared for five patients in private rooms and seven in a ward. The janitor took care only of the corridor, and it was not until 1909 that maids were employed for dishwashing and cleaning.

Night duty averaged two months a year, in two periods. Night nurses worked from 7 p.m. to 7 a.m. with no time off, often under such pressure there was time only to snatch a midnight lunch in the diet kitchen of the floor.

Each student nurse received a month's training in the surgical dressing room and two months' training in surgical nursing.

Duty hours at first were ten by day and twelve by night (class hours were in off-duty time.) Theoretically, at least, the twelve-hour day period allowed two hours off in the afternoon. Frequently there was too much to be done, and the afternoon rest period was not available.

It was not until 1921 that a three-hour rest period was established during the day—a token of the growing emancipation of

nurses that must have been as welcome as the change from high shoes to oxfords, which occurred in the same post-war period.[5]

A two-weeks vacation each year was scheduled, and occasionally, if the hospital were not too busy, a nurse received a day or two off after a long special duty case. Any time lost from training by illness or for other reasons, however, had to be made up before a diploma was awarded.

Special duty service for student nurses meant caring for a single patient, usually one very ill, for twenty-four hours, with two hours off in the afternoon. Cots were furnished so that the nurse could sleep fitfully during the night, sometimes in the drafty corridor, but if a patient were restless, within the patient's room. Most of the special duty service was done by students. In those days it was possible to obtain special duty care for $15 a week—paid to the hospital, not the student.

Although students paid no matriculation or tuition fee, they received no allowance for incidentals and had to buy their own textbooks, an expense of about $12. At graduation each nurse received $50, and also, after 1904, the hospital pin.

When the beginning students entered in 1903, they were required to furnish three blue and white striped dresses with full bibless aprons, for use in the probationary period. After the two months trial period, they changed to plain blue uniforms. Since this meant useful dresses were discarded, the requirement was changed to three blue chambray dresses, with the hospital supplying three more uniforms with bibs and caps after the nurses were accepted. The probationary period was lengthened in 1904 to three months, later to six months, and in 1948, the pre-clinical period became nine months.

In addition to the long hours spent in cleaning and nursing duties, student nurses attended classes from 7:15 to 8:15 each week day evening, with occasional additional hours. Nurses free from evening classes relieved nurses on night duty so they could attend.

The course of study for the first class in training included thirty-two hours in anatomy and physiology, sixteen hours in bacteriology, eight to ten hours in "drugs and solutions," eight hours in Materia Medica, and ten hours in chemistry, without laboratory. There were also classes in nursing ethics and bedside nursing, and demonstrations of nursing techniques by staff members. The curriculum in 1903 was expanded to provide eight more hours in anatomy and physiology, and forty hours of nursing procedure; and "drugs and solutions" were evidently incorporated into an eighteen-hour Materia Medica course. Dr. Dorr, in his graduation address, had called attention to the need for dietetics training, and in 1905 a class was begun.

Although the hours of instruction were meager compared to those in later classes, students had thorough preparation. Among the instructors were doctors who also taught at Drake Medical

College, and sometimes found it easier to repeat medical school lectures to nurses rather than to adapt the teaching for less technical needs.

Before the twentieth century, a hospital was considered primarily a charitable refuge for poor people, frequently only as a last resort, and a high mortality rate was usual. In those days, in middle class homes, it was feasible to furnish nursing care of practical nature within the home; doctors also readily called at the homes of patients, and except for surgery, the hospitals offered little specialized equipment that could not be duplicated in the home.

Thus, in the beginning days of Iowa Methodist Hospital, most patients had no background of experience for confidence in the hospital. The change of the function of the hospital as a last resort for the dying to the more modern concept is strikingly illustrated in the fact that between 1890 and 1920 the average hospital stay in the United States decreased from thirty-five days to approximately two weeks.[6] This trend has continued to the present, until now patients average eight days per admission. Medical advancement, laboratory developments, and hospital efficiency of course have played the major role in this trend; but to understand it fully one must also consider the fact that in the 1890 decade, the "charity" patients were brought to the hospital as a desperate measure, and a long stay, culminating in death, was often expected.

Free patients continued to come in large numbers to the hospital and many were sorely in need of the sympathetic services of the nursing staff, what Dr. Dorr had referred to as "the willing hands and loving hearts of bright and hopeful natures." Sometimes women came with their long hair so matted that it took nurses two or three days to comb out the snarls and arrange the hair in two braids, as the patient was too ill to undergo this painful service at one time. Many patients came with bed sores, because those who had cared for them at home did not know how to keep the sheets tight and dry. (Red Cross home nursing courses did not begin until shortly before World War I.) There were not infrequent cases of head lice which needed thorough treatment. Small wonder if there were times when the students with fastidious background and limited experiences flinched from some of their duties.

Demonstrations of nursing techniques were given to probationers and first year nurses by the head nurse on the floor, who was a senior nurse in training. There were frequent unexpected appearances of the superintendent, who also closely supervised those patients who were very ill and was always called at the time of a death.

It was a long day. Breakfast at 6:30 a.m. was followed by a daily devotional service led by students except on Wednesdays and Sundays when a staff member took charge. The girls sang a hymn, read a passage from the Bible, and were led in prayer. In the early

days, when the hospital had no chaplain, nurses often read scriptures and prayed with patients who requested it.

For the first few months nurses lived in the hospital, but after May, 1901, shared the Stewart residence with the Deaconess Training School. It was a pleasant residence although the girls had little time to enjoy the airy porches. Miss Benson, head of the Bidwell Deaconess Home and the Iowa Deaconess Training School, used the residence for both purposes, and nurses' classes were also held there.

The combined housing arrangement was continued until the fall of 1904, when, because room was needed for a large class of beginning nurses, the Deaconess School was moved to a location on Ninth Street. It later became the National Bible Institute, from 1921 until it closed a decade later, housed in Esther Hall adjacent to the First Methodist Church. The offering of a correlated course was continued, but the number taking both courses never was as large as the founders had doubtless anticipated.

Long hours, hard work, inadequate sleep, and little recreation were not the only factors contributing to the arduous life of the early nursing students. Intimately as they lived, with tension high from fatigue, it must have been an additional source of unrest to have so many changes in administration in the early months. During the first four years of the hospital's operation, there were six superintendents, who not only did the administrative work of the hospital but also supervised the school.

Miss Connor, the superintendent from the opening, resigned May 1, 1901, together with her assistant, Miss Griffiths. What turbulence led up to this crisis? The minutes of the board refer only cryptically to the "matter of superintendent and nurses who were dissatisfied," and it was "resolved that Miss———, a nurse in training, be dropped at once, and Miss Martin employed as superintendent temporarily." Two days later an entry indicates two others had resigned, but "Miss Williams [is] giving excellent satisfaction as superintendent." This was Miss Margaret Williams of Reading Hospital, who at first refused the $50 monthly post, but later was persuaded to take it, and remained as superintendent until 1902. Her successor was Miss Nella DeNoyer, a graduate of a Milwaukee, Wisconsin, hospital. Miss DeNoyer became ill shortly after her arrival and died within a few days. Because she was a stranger in Des Moines, her funeral was held at the home of the board president, Mr. Mann.

Cook County Hospital in Chicago furnished the fourth superintendent, Estella Campbell, who arrived in April, 1902, and remained only until July 18. Miss Margaret Gibson, a graduate of Omaha Methodist Hospital, stayed a little longer, from August, 1902, to April, 1903, time enough to sign the diplomas and graduate the first class. She was succeeded on April 1, 1903, by Miss Emma Wilson, graduate of Asbury Methodist Hospital in Minneapolis, a

capable person who put the business affairs of the hospital in good order and systematized the work of the school.

During the interim periods Miss West, who had entered the hospital and assisted even before it was opened for patients, took charge. A competent graduate of the deaconess school in Washington, D.C., she had been sent to Iowa to take a nursing course and to assist in the hospital establishment. She gave stability to the nursing service during the personnel turnover.

Soon after the hospital opened, Miss Esther Pearson entered the nursing and deaconess schools. A mature woman, she was a graduate of Callanan College, and had served both as principal of Benton elementary school in East Des Moines, and as head teacher in the grammar grades at Bryant school. After five months of training, this devout Methodist woman was persuaded to serve in the business office, answering the telephone and registering the new patients. She remained in the office as assistant until 1905, when she was made hospital superintendent, a post she held until she resigned in May, 1912.

A crowded hospital and the turmoil that necessarily accompanies the construction of an addition also contributed to nursing problems in the first few years. The foundation for a much-needed west wing was laid in the fall of 1903. Because of a controversy over the level of the upper two floors, the completion was delayed until late in 1904, and the lower floor rooms were put into use for patients before the upper floors were finished. Student nurses spent off-duty hours cleaning up the new rooms and making them ready for the occupancy of patients who could not be accommodated elsewhere.

It was Miss Wilson who held out for the ramps which now are a living legend at Iowa Methodist. For its main floor, Central Building, constructed for a school, had high ceilings, consistent with the drawing room grandeur of the nineteenth century. The twentieth century was more practical: high ceilings wasted heat and were an unnecessary building expense. However, it was necessary to connect the two upper corridors of the new west wing with those of the central building, which, it was planned from the beginning, would eventually be replaced; and therefore either ramps or short flights of stairs would be needed.

Miss Wilson finally won out in her proposal for ramps, and doubtless many a grateful staff member has pushed a wheelchair, serving table, or surgical cart up or down the incline and not regretted the decision. When venerable Central Building is replaced (and it can't last forever), long-time staff members may have difficulty adjusting their steps to level corridors, so accustomed have they become to an automatic incline or decline.

Nine nurses were graduated in the simple 1904 ceremonies of the second class, in Grace Methodist Church. They were Grace

Arthur, Beatrice Coleman, Mary Chambers, Josephine Hoffman, Mary Palmer, Edith Robinson, Marietta Sawyer, Minnie Wood, and Bertha Woody.

An experienced and well-trained administrator was Miss Charlotte Aiken, who became superintendent April 1, 1904. A graduate of Alma College, Ontario, Canada, she had prepared for nursing at Stratford City Hospital in Ontario. She took a post-graduate course in ward administration at Polyclinic Hospital in New York City and was superintendent of Sibley Hospital in Washington, D.C., before coming to Des Moines. She later became editor of *The Trained Nurse and Hospital Review* and was the author of several texts on nursing published by W. B. Saunders Company.

With the promise offered by this new leadership, the two-year course was lengthened to three years. The students, all of whom elected to remain the additional year, no doubt were influenced in their decision by the charm as well as the dynamic force of their new superintendent. A nursing supervisor, Miss Jean Treleaven, also a graduate of Alma College, and of Sibley Hospital, accompanied Miss Aiken, and new efficiency became apparent.

Courses were added, but Miss Aiken reserved for herself the teaching of nursing ethics. When a Swedish masseuse, a Miss Skov, was employed to give nurses twelve demonstrations and lectures, the cost of her salary was earned by student nurses sent to private homes to give massage, with the hospital collecting a dollar for each treatment. Miss Aiken introduced a course in bandaging and first aid, taught by Dr. Thomas P. Bond, whose class proved so popular that he was in demand for demonstrations to clubs.

Under Miss Aiken's short but active administration, a course in dietetics was also inaugurated, taught by Dr. J. W. Osborn. A kitchen was equipped for preparing special diets as well as routine dietary foods, such as broths, gelatins, and custards. In charge of this room was a senior nurse, with duty rotated at four-week intervals.

Miss Aiken was shocked to learn that it was standard practice to add a half ounce of "Spiritus Frumenti" to every egg nog. She had new chart sheets printed, adding a column for stimulants. Thereafter patients received vanilla-flavored egg nog unless the doctor specifically prescribed the spiritus frumenti, and doctors were required henceforth to write and sign their orders. Spiritus frumenti was, after all, whiskey, and this was a Methodist hospital.

Physiotherapeutic treatment began with the purchase of gas-heated "baking machines," used in the treatment of rheumatism, arthritis, and neuritis. Outpatients were referred to the hospital by their doctors for treatment, and the new equipment became a much-needed source of income.

This progressive administrator also encouraged the care of obstetric patients in the hospital. Lack of room and facilities in

the hospital, coupled with the Victorian delicacy which made women feel the need for home privacy during labor had hitherto resulted in a practice of discouraging such patients. Nurses had received training in obstetrics by going into the home to remain with the patient during labor and a few hours longer to bathe the newborn infant and its mother. Then a practical nurse or neighbor took over. A private room was made into a delivery room for obstetric patients in 1905; before that date women had been delivered in their own rooms, with an obstetric kit wheeled in on a table. The facilities were still crude, compared to modern standards, and the newborn baby was tucked into a wicker clothes basket; nevertheless, the 1905 facilities marked a step forward.

A visiting nursing service was begun during Miss Aiken's regime, nurses wearing blue draped bonnets and blue serge coats over their uniforms as they went out on their calls.

Such innovations tended to place the hospital in an enlarging role of service to its community, and stamped Miss Aiken as the better type of hospital administrator—one who anticipates and visualizes needs, and leads in satisfying them. It was a new era, and the hospital was no longer to be an isolated refuge for the sick and dying. Not only was it ready for those who came to it—it was beginning to reach out to serve.

FOOTNOTES

1. Much of the information for this chapter was prepared by Miss McHarg and Mrs. Lincoln. An interesting sidelight on the first graduation ceremony is told, that Dr. Smouse wore evening clothes for the occasion and lost a diamond shirt stud. The ensuing search was fruitless until the missing jewel was found behind a table leg the following morning.
2. Board Minutes, October 17, 1939.
3. "Probationers," popularly referred to as "probies," was the term for the beginning students before they were capped. The modern term, without the connotation of opprobrium of the earlier one, is preclinical.
4. From notes of Miss McHarg and Mrs. Lincoln.
5. Recollection of Miss Mabel Kenyon.
6. Comparisons of the length of stay of patients are found in Board Minutes for October 20, 1924, October 18, 1932, and October 20, 1942.

Chapter 3

FAITH WITHOUT FUNDS

Faith Without Funds

DR. RAYMOND CLUEN, a graduate of Drake Medical College, was the first intern of Iowa Methodist Hospital. After discussion, at a special meeting of the executive committee of the board of directors May 21, 1901, it "was moved and carried that L. M. Mann procure an intern."[1]

It proved a thrifty decision. Three weeks later, the minutes report, "Dr. Cluen (intern) being a good pharmacist, it was arranged to furnish medicines and charge regular rates for it. Estimated savings of $100 to $150 per mo." To a hospital with accounts in arrears, this was important. In May, 1901, the first recorded reckoning showed the following expenses:

Pay for help	$250
Milk	32
Bread	15
Laundry	38
Drugs — Gibson	116
Meat	47
Grocery bill	150
Gas, elec. lights, fuel, water, est.	100

These expenses for May totaled $748, and a later entry shows the actual expense to have been $778. General "sundry" expenses were not estimated.

Of the fifty-four patients in the hospital in May, the thirty-six pay patients brought an income of $600.50. Eighteen patients were cared for without charge. The loss for the month, therefore, was $178.

The concept of the hospital as a haven for the poor was advocated by Mr. Gatchel at a board meeting on November 7, 1901. His words, followed by his sudden death immediately after speaking them, could not help leaving a profound impression on his

fellow policy makers. When the question of free patients came up for discussion, Mr. Gatchel took the position that poor people should be admitted and that the "hospital should not be considered a money-making institution." Board President L. M. Mann replied that "when a worthy person has made application for admission he has never been refused. Nevertheless the hospital has lost money because of the large number of charity patients. If you will wait a minute, Mr. Gatchel, I will show you the figures."

"Well, for my part," Mr. Gatchel answered, "I'm sorry we haven't lost more money that way. I'd like to stop and look over the figures, but I must be going. My folks are waiting for me." As he concluded his remark, this massive six-foot three-inch man reached for the doorknob, then slumped to the floor. Dr. Smouse was summoned and pronounced him dead. His family then were called from nearby First Methodist Church, where they were attending a revival meeting.[2]

There is no record to show what charges were made to paying patients in the beginning. Mrs. Josephine Hoffman Dorr, a member of the nursing class of 1904, recalls that students showed the available accommodations to patients who could select the rooms they wanted at the rate they could afford to pay. The charge was one dollar a day for beds in wards. Private rooms varied, some at $10 a week, others at $12 and $15, depending on the furnishings and the view—two of these better rooms were $25 a week, and

This unusual photograph brings together several persons of significance in the early hospital. At the left is Dr. Raymond Cluen, the first intern. Standing next to him is Miss Margaret Williams, the hospital's second administrator. Miss Benson, head of the deaconess school, is shown playing a lap harp. There are four student nurses in the picture: Miss Jesse Deering and Miss Leit pose as patients, attended by, from the left, Miss Arthur, Miss Bertha M. Hartz, a graduate nurse, and Miss Edna Snyder, member of the class of 1903. Miss Arthur died in training of typhoid fever, contracted from another student who had nursed a patient who died of typhoid. Miss Leit's sister Mary married Dr. Cluen.

one, the Benedict room, equipped with a brass bed and birdseye maple furniture, brought $30 a week.

Undoubtedly there was greater demand for the inexpensive accommodations. The minutes show that on June 1, 1901, there were twenty—or twenty-one—patients in the hospital, and the average daily gross receipts for the first ten days of June were $26.50. This would make the average charge about $1.30 per day. Of the $600.50 received in May from the thirty-six paying patients, $64 was for surgical costs. The remaining receipts of $536.54 divided among the thirty-six patients would mean an average expense of $14.90 for board and care. In Mr. Mann's words, "Some stayed only one week, some two, some thirty days."[3] The average stay seems to have been about two weeks. But bookkeeping in the early years was casual, and a further complication is the category of "part-pay" patient. It is quite possible that the charges fluctuated rather easily according to what was considered the patient's ability to pay.

Dr. Cluen set up his money-saving pharmacy in a large bureau of drawers. When he resigned in March, 1902, Dr. Claude E. Stanley was his successor. Dr. W. H. Greene was intern in 1903 when the pharmacy had outgrown the bureau, so he and Miss Wilson, superintendent at the time, cleaned a small linen room on the third floor for the first drug room, which included a small laboratory as well as more space for "drugs and solutions".

A phenomenon of the pharmacy was a jar of leeches kept on the top shelf, used to bleed patients and to cure black eyes. Some of the more timorous nurses dreaded entering the drug room because of the slimy-looking creatures. The container was passed back and forth between the hospital and Dr. Miles, who operated a drug store and often had calls for the blood-sucking parasites. When the leeches were finally given up is not certain, but since their use in phlebotomy had declined steadily during the nineteenth century, there probably were few calls for them in the twentieth. Miss Snyder, member of the first class, recalls use of the leeches only once, to reduce the hemorrhage on the bruised face of a girl who had been injured in a bicycle collision. "I couldn't see that it did much good," she commented. Perhaps the transition from the use of leeches to the various "miracle drugs" is a symbol of hospital progress in fifty years.

By 1906, drug needs had again increased so that more space and improved facilities were required. A larger room, in the place later used for the doctors' cloak room and the telephone switchboard, was fitted with shelves. Interns had charge of the room, taught the Materia Medica classes of the nurses, filled prescriptions, and trained nurses in laboratory techniques, supervising their work.

By that time there were two interns who alternated at six month intervals the drug and pathological duties, and the surgical service and giving of anesthetics. A Drake student also assisted

in the laboratory and drug room. In October, 1910, a registered pharmacist, Miss Alice Inhofe, was employed to take charge of the drug room and to teach nurses' chemistry. She was a graduate of the Highland Park Pharmacy School in Des Moines.

In April, 1911, the hospital agreed to set apart five rooms on the lowest floor of the west wing for a pathological laboratory, museum, and autopsy room, with the furnishing, equipment, and upkeep expense to be borne by the Drake Medical College with the understanding that the specimens collected belonged to the hospital. This laboratory was set up by Dr. Daniel J. Glomset. The hospital purchased Drake's pathological equipment and established a laboratory on the sixth floor in 1913, when the Drake Medical school closed.

Thus, both the pharmacy and laboratory facilities had entered a new phase toward the end of the first decade.

Operating room equipment in 1905 included new steam pressure water sterilizers, an autoclave and steam instrument sterilizer. They were of shining copper, polished to a mirror-like finish by nurses with a powder called "Barkeepers' Friend" recommended by Miss Clara Enerson, surgical nurse from October, 1904. Previous surgical nurses had been Miss Jessie Rea, Miss Amanda Nichol, and Miss Elsie Bruntlett, the latter of the class of 1905, who acted as surgical nurse before Miss Enerson came. Miss Enerson, a graduate of Augustana Hospital in Chicago, was persuaded to come to Iowa Methodist by Dr. O. J. Fay, who had begun his practice in Des Moines in December, 1903. Securing this well-trained surgical nurse was one of many services Dr. Fay was to perform for the hospital during the forty-two years he was on the staff.

The executive committee on August 17, 1906, authorized selection of an anesthetist, with the authority to send the person chosen to Rochester, Minnesota, for postgraduate study.

Because surgical cases were increasing in number, a northeast room on the fourth floor of Central was made into a second operating room. A medical staff report for 1904 showed 469 operations had been performed, 145 of these by Dr. Smouse, fifty-eight by Dr. Schooler, and thirty by Dr. Bond. There were only eight obstetrical cases in the same period, six attended by Dr. Smouse. There were nineteen deaths reported from all cases, which also included 218 medical patients.

The 1904 report listed sixty-five doctors—no distinction was made between "regulars" and "homeopaths" in the report—but of these, a small number had most of the cases. Those with ten or more patients were Drs. Smouse, Schooler, Osborn, Parriott, Ryan, Bond, Page, Gray, Frisbie, Fay, Hannawalt, C. F. Smith, Fairchild, Conkling, Amos, and Miller. Two women were listed on the staff—Dr. Edith Gould Fosnes and Dr. Lucy B. Harbach.

Dr. William T. Oake was an intern in 1904. Dr. James H. Mason and a Canadian, Dr. Allen, were interns from 1904-1905, and

Dr. Nelle Noble and Dr. M. J. Hammond became interns the following year. Dr. Noble was the first woman intern, and remained on the staff until her retirement in 1950.

Dr. Raymond Luce and Dr. Thomas Burcham became interns in 1906. A stomach pump was demonstrated memorably one day shortly after his arrival by Dr. Burcham. The day nurses had all become ill with ptomaine poisoning after their breakfast. The unpleasant but effective treatment made it possible for all but two of the nurses to continue work, although patients received irregular attention for the remainder of the day. Drake Medical students helped in the emergency. It took Nurses Amanda Strickland and C. Earhart several months to recover completely from the poisoning.

There were other crises. The most spectacular was the fire of 1908—the only fire in the history of the hospital, which, except for threescore and ten-year-old Central, is of fireproof construction.

Miss Maude Sutton, senior student nurse who discovered the fire shortly after noon on July 24, turned in the alarm after first quietly using the fire extinguisher. Hospital personnel used house apparatus and with the aid of the Des Moines fire department, limited the damage to a fifty-square-foot area in the garret near the top of the elevator shaft. Damage was estimated at $600.[4]

The operating room on the top floor had just been vacated when the fire was discovered. Nurses ran from their noon meal, and, armed with brooms, swept water from the fire department hose lines out of the halls and down the stairs so that none got into the patients' rooms.

Patients on the three floors of the building were hustled into the west wing and the fire doors were closed. Fortunately about half of the patients were ambulatory or in chairs, and there were several rooms available in the wing.

A small baby from the children's ward was hastily put down beside a woman patient in a two-bed room in the west wing. When all the other patients had been returned to Central Building after the fire, his nurse was frantic until he was discovered in the arms of the admiring woman patient.

One of the alumnae attending the fiftieth anniversary reunion in 1951 recalls that a young mother who had been paralyzed, following the birth of her baby, sprang from her bed and rushed to the room where the baby was kept.

At the height of the fire, a critically ill patient arrived at the hospital and firemen disconnected the hose lines to permit his hack to go to the hospital doors.

Horse-drawn ambulances were used until the first motor-driven ambulance was purchased in 1916. Such an ambulance was referred to as "an invalid's car". The hospital had a contract with the Gray livery barn to care for the hospital-owned horses and

vehicles. Of the $3 the patient was charged for the use of the conveyance, the hospital received half, the livery barn half, with the hospital guaranteeing payment to the livery. One nurse recalls how laboriously the horses climbed the hill, pulling their ponderous wagon.

The hospital was becoming steadily more systematic. In 1908, the practice of filing charts as patients were dismissed was begun. The chart was rolled for filing, with the date of entry and discharge recorded on the back. There was a record also of the diagnosis by attending physicians. From these, monthly compilations of statistics were made by interns and the superintendent of nurses.

When Miss Pearson became superintendent of the hospital in 1905, a separate position was created for superintendent of nurses, who was to be in charge of the nursing, instruction, and curriculum for students. This left Miss Pearson freer to take care of rapidly increasing administrative duties during a period of plant expansion.

Miss Maude Bowen became assistant to Miss Pearson, not only helping in the business office but also taking charge of both general and diet kitchens. Her background included teaching, office work, and management of a small hotel. In July of 1910 the executive committee authorized the superintendent to employ a dietitian, and Miss Margaret Baker, graduate in home economics of Iowa State College at Ames, was engaged. She taught the dietetics class and supervised nurses in dietetic practice.

Miss Jean Treleaven, who had been nursing supervisor under Miss Aiken, was the first to hold the title of superintendent of nurses. Miss Millicent Schaar, a graduate of the training school in August, 1905, was appointed instructor in nursing the following September at a salary of $30 a month, and when Miss Treleaven resigned in 1908 to be married, succeeded her as superintendent of nurses. Miss Rosa White of the class of 1907 then became Miss Schaar's assistant. Miss Schaar had been on eight months leave of absence for post-graduate study before her appointment.

The Alumni Association of the training school, organized in 1905, correctly spells its name with the Latin plural masculine. Three men had entered nurses training that year. Because they were not expected to take the obstetrical and gynecological training required of women students, they were graduated in 1907, after a two-year course. The only male nurses ever trained at Iowa Methodist Hospital, they were Francis J. Donaghy, who later became an embalmer and lives in Chicago; Garfield Reutter, who became a doctor and practices in Rockport, Missouri; and Johann Wexels, now a technician in an industrial plant in Utah.

Over a period of five years, the hospital had nearly doubled the annual number of patients. According to a newspaper account[5] the hospital cared for 1,029 patients in 1905. In 1906, the number had risen to 1,320; in 1907, it was 1,559; in 1908, 1,934; and in 1909, 2,022.

One of the problems created by the greater number of patients was that of providing a sufficient supply of clean bed linens. In 1907 the laundry was being done on a commercial contract at $50 per week by the IXL Laundry. Previously the hospital had tried to do its own laundry with inadequate facilities and found it was costing $300 a month, plus additional costs for sending some work to a commercial laundry. The IXL Laundry first agreed to do the hospital work for $2,000 annually, but a modified contract was arranged later when the commercial laundry found it could not perform the service at the price originally agreed upon. The Childress property, fronting east on 12th Street adjoining hospital property, was purchased for the site of a laundry building, for which a contract was let in 1912.

Intra-mural communication by buzzer and speaking tube was discontinued when an interior telephone system was installed in 1906. Four years later a telephone exchange was installed with instruments on both east and west sides of all floors, and also in the principal departments.

A new boiler was installed in the heating plant in 1907, when the hospital entered a contract to furnish heat through pipes under Pleasant Street to the First Methodist Church.

New building became imperative for the rapidly expanding hospital and school. The west wing, begun in 1903, had been dedicated the Sunday after the commencement exercises for the class of 1905, with Bishop Isaac Joyce giving the commencement address. There were thirteen graduates. Everyone was used to the ramps when the building was dedicated by the bishop, for the annex was filled to capacity and had been in use for several months.

A three-story brick home for nurses was authorized in 1907 by the executive committee, to be erected on Callanan Court facing north. It was planned that the 40 x 93 foot structure would be financed by borrowing "up to $10,000." Proudfoot and Bird were the architects. A final report in 1909, however, showed the building without furnishings had cost $22,872.16. In May, 1908, the Stewart residence used for the first nurses' home was razed, the brick and stone bringing $565.98, and the plumbing $300. An advertisement for the sale had cost 96 cents.

Nurses moved into the new home in February, 1908. In June, the same month in which the new home was dedicated at an open house for the board of directors and alumni, it was decided to erect a modern and fireproof east wing at an estimated cost of $250,000.

These were courageous directors! The nurses' home had been built on borrowed funds, and the nucleus for the new quarter million dollar building fund was a bequest of $837.50 from relatives of E. L. Sollenback. Hospital receipts for 1908 were $52,742.07, and disbursements were $52,882.21—the hospital in the year of decision was "in the red" $140.15 for operating costs.

Bishop J. F. Berry of Buffalo, New York, presided at the corner stone ceremonial for the east wing on May 24, 1909.[6] The sealed archives were a Bible, the *Methodist Hymnal,* the seventh annual report of the hospital (1908), a copy of the *Discipline* of the Methodist Church, a copy of the hospital monthly magazine, the 1908 proceedings of the four state conferences of the Methodist church, and current issues of Des Moines daily newspapers, the *Northwestern Christian Advocate* and the *Central Christian Advocate.* The trowel and mallet wielded in the ceremonial had been used for both the old and new First Methodist Church buildings as well as the west wing of the hospital.

"This hospital will within a few years be the largest Methodist Hospital in the world," Bishop Berry optimistically predicted, adding that with the new wing, the hospital would be the second largest under the supervision of the Methodist church.

Shortly after the cornerstone laying, a special meeting of the board of directors was called, to amend the articles of incorporation. In 1908 the articles had been changed to limit the hospital indebtedness to $100,000. The new amendment, approved at the special meeting, struck out the word "one" and substituted "two". Under the new limit of $200,000, the board arranged a bond issue of $100,000, in sale of $500 bonds at six per cent interest, secured by a mortgage on its property, the receipts to be used for the new building. The bond issue was handled by the Iowa Loan and Trust Company as trustee.

By September 30, 1909, $47,000 of the bonds had been sold, and $43,038.89 had been paid toward the new building. Except for the bond issue receipts, the new building fund totaled at that time only $2,013.60. Treasurer L. K. Billingsley reported in February, 1910, that $71,000 of bonds had been sold, leaving $29,000 yet to be disposed of. The building payments made up to that time totaled $78,757.47. Many more bills were to be due shortly.

It was obvious that more funds would be needed than could be raised by either the bond issue or the contributions. The Massachusetts Life Insurance Company of Springfield, Massachusetts, agreed to a $125,000 loan, payable by a series of $10,000 promissory notes at five per cent interest, in January of each year from 1912 through 1920 with a $35,000 note payable January 1, 1921. Notes were to bear eight per cent interest after maturity.

Thus began a capital indebtedness that was to be an encumbrance on the hospital for many years. It was not, in fact, until World War II, on June 10, 1944, that the remainder of this early indebtedness plus that accrued through the years at high interest rates, was paid off.

It is a truism that hindsight is better than foresight. In 1910 World War I was several years away. Nor could the board have foreseen the postwar inflation, the crash and depression which followed. Perhaps, if the directors could have known how difficult

it would be to make the payments, how the interest would pile up, they might have insisted on having more cash on hand before beginning. But at the speed the hospital was increasing its number of patients, they were no doubt confident the increased earnings would easily retire the debt. Hospitals were becoming more and more expensive to operate, but that trend was not clear in this building period. As provided in the articles of incorporation, ministers and church lay leaders were in the majority on the board. The hospital had been founded on faith, and all had gone well. Surely the Lord would provide!

And who can say their decision to build was not in the hand of providence? Who can estimate the loss to life and to the health of patients in Des Moines and the state had not the new facilities been made available? Where else would thousands of "charity" patients have gone? The concept of tax-supported hospitals for the indigent had not yet developed. The laboring man of small income had no hospitalization insurance. The farmer was not protected from loss of crops or low prices. There was no federal social security program for the aged, the blind, the widows, the orphans. Methodist ministers in small parishes over the state were so poorly paid that the availability of Iowa Methodist Hospital to them and their families without charge was in reality a Godsend.

Even before its completion, the new building was needed for a city-wide emergency. The Des Moines water works, in November, 1910, had opened two new galleries. Beginning November 25, the day after Thanksgiving, dread typhoid fever cases appeared in rapid succession. Central Building and the west wing were quickly filled, and rooms on the third, fourth, and fifth floors of the new east wing were opened. Because the connecting corridors were not yet completed, workmen carried patients on stretchers across planks from the Central Building. Many of the 150 cases the hospital cared for out of a total of 600 in the city were severe, and required three to six weeks hospitalization. The mortality rate was twelve per cent, according to Dr. Edward J. Harnagel, now of the staff, who as intern lost many pounds of weight caring for typhoid patients night and day.

A Public Health physician, Dr. L. L. Lumdsen, and two specialists brought to Des Moines by the water works department, concurred that the epidemic was caused by the public water supply. Middle-aged Des Moines persons who were school children at the time may recall carrying their bottles of boiled water to school, until April 3, 1911, on order of the city physician, Dr. Sayler.

Describing the epidemic, Dr. Harnagel writes, "Though now almost of rare occurence typhoid or enteric fever was formerly classified as sporadic, endemic, and epidemic. Typically a water-borne disease it was sporadic in suburban area, endemic along the course of streams and water ways, and epidemic when some

unusual and sizeable shift of population brought about inadequate care and supervision of the community water supply.

"In the 1910 era cities of 100,000 normally expected each late summer to have an average of a dozen cases of typhoid. Des Moines with a fairly fixed population but with more than an average number of acreages and cottages fringing the city limits, fully contributed this quota. However, the city and its environs seemed completely cleared of typhoid fully two months before the sudden outbreak of 1910.

"Admitting patients often waited until beds could be found and set up for them. Upon the nursing department naturally came the greatest strain. At the beginning of the epidemic there were director and assistant director, surgical supervisor, and 90 student nurses; there were no graduate floor nurses and few special nurses. The situation has since been described by those who took part in it, 'Well, we did it'.

"The treatment was entirely supportive and fairly routine with some personal modifications. (1) General liquid nourishment, six ounces every three hours; (2) Sponge bath every three hours from 90 degrees to 70 degrees if the temperature was above 102 oral; (3) Codeine or chloral for rest; (4) Saline enema every second day; (5) Widal test stat.

"Most of the cases followed a textbook course, exhibiting the usual variations in severity from very severe during the earlier weeks of the epidemic to less severe during the latter weeks. The complications were delirium, hyperpyrexia, intestinal hemorrhage, perforation and peritonitis without perforation; the early bronchitis rarely set up bronchopneumonia.

"The largest number of typhoid patients in this hospital at one time was sixty, representing all stages of the disease. The admissions and experiences at Mercy hospital were similar, and many patients not too seriously ill were cared for at home. It was a long time for a civilian population to drink only boiled water."[7]

Because of the need during the epidemic for student nurses at the hospital, the visiting nurse service inaugurated in 1904 had to be discontinued.

Despite new facilities and increased occupancy, the hospital was losing money in its operations. In a treasurer's report covering the eleven months period from September 1, 1910, to July 31, 1911, Mr. Billingsley commented, "We have but two regular sources of income for the hospital, out of which ALL bills of every sort must be paid,—Viz.: the earnings of the hospital and the gatherings from the field through the secretaries. From these TWO sources the receipts have been $100,984.77,—leaving a net income from the two sources of $4,228.45." He pointed out, however, that $8,000 of the total income came from the Burnham estate, and had it not been for this gift, the disbursements would

have exceeded the income by $3,771.55. In addition to the first promissory note for $12,000 due the Massachusetts Life Insurance Company January 1, 1912, the hospital anticipated at least $15,000 more bills to become due at the same time.[8]

It was this crisis which caused the hospital at its annual October meeting in 1911 to raise the rates. The records do not show what increases, if any, had been made before in the first decade of the hospital history. The new fees were still startingly modest from the present point of view: patients now were to pay $8.50 per week for a bed in a ward; and the operating room fee was increased from $3 for minor operations to $5, and from $5 for major operations to $7. There is no record of any increase for private rooms.

Nurses in 1909 had not only been relieved of performing maid duties, but were also put on an allowance: second year nurses were receiving $3 per month, and third year nurses $4 per month, a total of $84 for the three year period, instead of the $50 to $60 which had been given heretofore upon graduation. This was one of many ways in which hospital operation was costing more. The struggle was to break even, and operating costs did not allow for depreciation of buildings or equipment, and made no provisions for unforeseen emergencies. In this practice the hospital was not unusual. Dr. Haven Emerson, one of America's outstanding medical and public health authorities, writing in *The Baker Memorial, 1930-1939,*[9] comments, "Traditional or customary, one might almost say unanimous, voluntary hospital practice in the United States has been to ignore depreciation reserves for replacement of buildings or equipment as an item to be included in operating costs, on the principle that philanthropy will renew its previous generosity when needed. Hospitals of good standing have not closed their doors because they have had no replacement reserves to meet the cost of rebuilding the obsolescent plant or for renewal of equipment."

From the beginning Methodists were asked to contribute and did, through the appeals of the men called variously field agents, financial secretaries, and corresponding secretaries. These ministers were recommended by the hospital board for appointment by their annual conferences.

In June, 1901, the executive committee records report that "two field agents raised about $1600 in good pledges. Expense $400. Good general feeling."

The minutes of the board of directors for July 30, 1910, record a motion "that the Bishop and conference be requested to approve the selection of Brothers Billingsley, Cable, and Houghtelin as corresponding secretaries for next year and that the same action with respect to Dr. Stoddard be taken and that it be sent

to his district superintendent." The increase from two secretaries in 1907 to four had been approved in 1909.

Tabulated annual reports of these four hospital "circuit riders" recorded in the board minutes September 3, 1910, showed they visited 226 charges, traveled 51,843 miles, made 398 addresses, had more than 3,150 private interviews, and received $8,085 in cash and $38,668 in pledges. They were averaging addresses, usually to Methodist churches, twice a week. Traveling in 1910 was far more troublesome than today; a major part of the total expense was for railroad fare, and there must have been long and tedious waits at stations to make connections. There was good reason for separating the receipts in cash from those in pledges, and for the reference in early board minutes to "good" pledges, for many a devout church member, earnestly wanting to heed Christ's admonition to "heal the sick", was moved to pledge more than he could afford—or perhaps his circumstances changed; at any rate, eventually the hospital had to adjust its bookkeeping to count only those pledges which had been paid, rather than all that had been promised.[10]

The thousands of private interviews were bringing about a gradually increasing number of annuities. The first such contract recorded in the minutes (which do not record the Callanan agreement) is an agreement December 5, 1906, with "Mrs. Rebecca J. Patterson of Indianola, now seventy-three years of age, in consideration of the payment by her to the hospital of Two Thousand Dollars ($2,000.00) or Twenty-five Hundred Dollars ($2,500.00), to pay her an annuity, semi-annually, on January 1st and July 1st, during her natural life, of such sum as will equal the semi-annual interest on the same that shall be paid by her at the rate of eight per cent per annum."

So numerous did these contracts become that a standard form for an annuity bond was drawn up on May 5, 1911. In 1913, a scale of annuities was adopted which allowed a six per cent maximum interest for persons seventy or over. The amounts were usually not large, and probably more often than not represented the life savings of church members and their pastors. Frequently property—a home or a farm—was transferred to the hospital in this way. It must be remembered that the old age assistance program had not been developed, and sometimes the annuity income in such contracts represented the sole income for the annuitants.

The interviews also resulted in a few legacies and prospects for more. Pastors over the state worked with the field secretaries in supplying names of likely prospects to be approached tactfully. Aside from the Callanan annuity bequest, the largest legacy in the first decade was that made in the spring of 1910 "by the late Mr. Enoch T. Burnham of Orlando, Fla. The bequest will probably net the hospital Ten Thousand or more dollars." One can visualize the

elation of the board members on such an occasion, through the sedate handwritten typical comment in board minutes, "The board members expressed gratification." Ten thousand dollars (which later turned out to be $8,000) was a windfall—or perhaps it would be better to put it, an answer to the prayers which regularly opened the board's deliberations.

Although Des Moines supplied the largest number of patients in the first decade, a report of the superintendent September 3, 1910, showed that the total of 2,109 patients for the preceding year came from all four Methodist conference areas into which the state was then divided, as well as from other states. From the city of Des Moines came the largest number, 1,039, or almost half, and the Des Moines conference total (which includes the 1,039 figure) was 1,695.

This does not mean, of course, that all of the patients were Methodists, although their places of residence were listed in conference areas. A 1907 report showed that of the 1,559 patients cared for that year, only 294 were Methodists, and 711 were listed as non-church members. Since Iowa Lutheran Hospital was not established until 1914, Iowa Methodist was the only Protestant hospital in the city. Although founded by the Methodist church, Iowa Methodist was already established as a community, rather than sectarian, hospital. But Methodists were relying upon it and supporting it, a situation that had had to be fostered. At the September, 1901, conference, the Rev. J. F. St. Clair, the financial agent, pointed out that of the 326 patients in the hospital's first eight months, one-fourth were cared for free. He said, "We commend the liberal spirit which has prompted our people to offer aid to the Methodist Episcopal hospitals in Minneapolis and Omaha . . . but we record that a paramount claim of duty indicates the Iowa Methodist Hospital henceforth to be the object of our sympathy, prayers, and financial aid." He proposed that the first Sunday in February of each year be observed as Hospital Sunday.

Organizations outside the church had become interested in the hospital. In the first year Mrs. Isaac Lea Hillis, who later performed other services, asked women in the Mothers' Congress clubs (predecessors of the Parent-Teacher associations) to provide small necessities, and organized group sewing of garments for the patients in the children's ward. In spirit, at least, if not in formal organization, Blank Memorial Hospital Guild had its origins in the services of such women as Mrs. Hillis.

Another evidence of the non-sectarian community nature of the hospital was its close association with Drake Medical School from the beginning. It was not until 1910, with the new building well underway, that formal articles of agreement were approved continuing a policy that had been in effect. The agreement, drawn up by a committee of W. R. Marshall, E. D. Samson, L. K. Billings-

ley, and Miss Pearson, after a request from President Hill M. Bell of Drake University, was approved unanimously by the board.

The agreement, which called attention to the mutual advantages it would entail, stipulated that one hundred beds be available for five years;[11] these beds were to be available for visits by students of the medical college, accompanied by faculty members who were also members of the medical staff. Patients admitted by the hospital for free care were to receive the care of doctors without charge also. The medical college agreed to furnish without charge instruction to the hospital's nursing students. The contract concludes, "It is intended by this agreement to grant to the said Medical College just such facilities as it has heretofore enjoyed for the instruction of its students, and to assure them of the continuance of such facilities . . ." B. F. Prunty, vice chairman, and George A. Jewett, secretary, signed for the Drake board of trustees, and Mr. Samson and W. H. Cable for the hospital's board.

The close cooperation between the hospital and the Drake Medical College from the beginning favorably influenced the quality of the medical and surgical staff of the hospital. It was a stimulating environment, and the large number of free cases not only furnished a varied educational opportunity for students, but offered staff members opportunity to extend their information and skill at a time when medical knowledge was never static.

The trend toward specialization was becoming evident. Dr. Arthur Steindler, the first and then only orthopedic surgeon in Des Moines or the state, joined the staff in 1910, remaining until 1915, when he became professor of orthopedic surgery at the University of Iowa, after two years at the University as a commuting instructor. He now has an international reputation. The staff list for 1910 also includes Dr. Frank A. Ely as neurologist; Dr. A. S. Begg, pathologist; and Drs. A. R. Amos, Charles Werts, W. W. Pearson and E. G. Linn, eye, ear, nose and throat specialists. Three staff members were specializing in obstetrics, Dr. J. A. Goodrich, and two women of the staff, Dr. Lenna L. Meanes and Dr. Lucy B. Harbach. On the surgical staff were Drs. D. W. Smouse, O. J. Fay, H. D. Gray, W. S. Conkling, C. F. Smith, S. E. Lincoln, C. E. Holloway and W. O. Smouse; and medical staff members were Drs. A. C. Page, R. P. Parriott, W. E. Baker, O. T. Hyde, J. W. Osborn, and T. A. Burcham.

No dramatic event marked the close of the first decade of Iowa Methodist Hospital. The days and weeks and months slid along, and there was no time and apparently little inclination to look back and say, "This is what we have done," or to look ahead and say, "This is what we shall do." Unquestionably there were dreams and hopes in the hearts of many for the development that was to come. Only from such visions do realities spring. And in the mass of details that form the material for the history of the

first ten years, a pattern was beginning to form. As medical science progressed, hospital science was developing inseparably. The nursing profession was lifting itself from the concept of selfless martyrdom to a greater dignity; it was slowly becoming apparent that specially trained persons should not be kept from exercising their important talents by having to do unskilled labor. Despite financial limitations that might have discouraged any but the indomitable, the directors were projecting the faith of the founders into better facilities, new buildings, greater opportunities to serve.

The community was counting on the services of the hospital, and to utilize the modern facilities of the new east wing, a record number of patients, 3,175, came in the tenth year of the hospital's existence, more than three times the number cared for in 1905. More than a fifth of these received treatment without charge—and thus again the hospital was fulfilling the desires of the founders for a house of healing and mercy, permeated by the spirit of the Great Physician.

FOOTNOTES

1. A complete list of the interns of Iowa Methodist Hospital from the beginning will be found in the Appendix.
2. From notes of Miss McHarg and Mrs. Lincoln.
3. Executive Committee Minutes, 1900-1907, June 13, 1901, p. 12.
4. *Des Moines Daily Capitol,* July 24, 1908.
5. From unidentified newspaper clipping preserved in Board Minutes, May 27, 1909.
6. *Ibid.*
7. Memorandum by Dr. Edward J. Harnagel.
8. Treasurer's report, appended, Board Minutes, August 31, 1911.
9. Emerson, Haven, *The Baker Memorial, 1930-1939,* Commonwealth Press, p. 55.
10. The first step in this direction was setting an arbitrary discount of fifty per cent on unpaid pledges listed as assets, as recorded in a comparative statement of finances, Board Minutes, April 29, 1915, appended. On June 26, 1917, the Board Minutes record a vote, following an auditor's recommendation, that "hereafter pledges be not counted as assets before payments were made thereon."
11. However, Drake Medical College closed in 1913, thus terminating the agreement.

Chapter 4

THE SECOND DECADE

The Second Decade

TO DEDICATE the new building Bishop Francis McDowell came April 28, 1912. The wing was filled. Operating rooms had been moved to the sixth floor of the new structure, new sterilizing equipment had been installed, new X-ray and orthopedic departments were already in operation, and the pathological laboratory was well established.

The second of Iowa Methodist's five decades had begun. It was marked by adaptation to changing, sometimes emergency, conditions; and by growing service to the community. It had problems brought about by the first of the twentieth century's world conflicts; and it had accumulative financial problems aggravated by post-war inflation. It was a 'teen age of growing pains, but, when it ended in 1921, much had been achieved, and its maturity was reached when it was recognized by the American College of Surgeons as an approved hospital.

Changes occurred in hospital administration. Miss Pearson, who had been superintendent since 1905, resigned May 1, 1912, to be married to W. L. Carpenter, and was succeeded by Dr. W. T.

EARLY HOSPITAL ADMINISTRATORS

Miss Emma Wilson

Miss Esther Pearson

Dr. W. T. Graham

Graham of Indianapolis, the first man to be superintendent. He remained until December 3, 1915, when he resigned to take a similar post with the University Hospitals at Iowa City. Dr. Graham in turn was succeeded by Mr. C. C. Hurin, assistant superintendent at Wesley Hospital in Chicago, who remained until 1927.

Despite financial difficulties, the hospital continued to care for a large number of patients unable to pay the cost. In 1909 eleven per cent of the hospital's patients were cared for without charge. In 1911, the number had increased to twenty-one per cent of 3,175 patients. In 1913, twenty per cent of 3,300 patients were free.

Two years later the percentage had dropped to twelve,[1] although there were, besides 549 free cases, 117 marked "discount". The closing of Drake Medical School may have resulted in reducing the number of charity cases, since the agreement between the two institutions had encouraged free care to provide medical training for students.

The free care that had been offered from the beginning to Methodist ministers and their wives was extended in 1919 to the clergy of the Swedish and German Methodist conferences in the state, and the support of these churches was sought. Deaconesses were also offered the services.

Following a study of the practice in Methodist hospitals in other states, a modification of the plan for ministers was established in 1916. The free service was to apply to "semi-private or private rooms as the case may require." Dependent children of ministers were granted a twenty-five percent discount. Charges of approximately cost were made for drugs, dressings, sundries, and a charge of $20 per week for student special duty nursing was assessed. One day in 1913, President Samson reported, sixteen preachers or members of their families were in the hospital. This was an important emolument for underpaid members of the clergy. Late in 1918, the free service to ministers and their wives was suspended for the war, but in 1919 the system was again in operation.

On the morning of April 29, 1921, Superintendent Hurin reported, forty-eight of the 182 patients occupying beds were paying nothing for the service or an amount less than required to render the service. In May, 1901, the proportion of free patients had been exactly a third—and twenty years later, more than a fourth of the patients were what the hospital called "guests" or "semi-guests".

Inevitably, because of the hospital's financial condition, this proportion was reduced; in 1924, with diminished American White Cross funds, the guests or semi-guests averaged twenty-five and a half patients a month. This was 306 out of a total for the year of 5,216 patients—down to six per cent, "a type of service very low," the superintendent apologized.[2] Some reduction had occurred because in 1921 the Northwest conference had been asked to send

its patients for free care to the hospital it now helped support at Sioux City.

In the second decade a sign on the lawn announced, "Free dispensary for the sick poor from 1 to 2 p.m." This notable service to the community had been inaugurated by the hospital at the time of the closing of Drake Medical College. The dispensary for outpatients was established in June, 1913; in discussing plans for it, Superintendent Graham reported it would cost only $500 to establish, pointing out that Dr. Pearson had offered to donate complete equipment for the eye, ear, nose and throat room then at the Drake dispensary, at Fourth and Center Streets. In October, President Samson reported at the annual meeting, "It [the dispensary] has served an average of ten patients daily. The service is limited to those who are in fact poor. We believe that the class and quality of service rendered is not surpassed anywhere. We are much pleased with the interest shown in the dispensary by the members of our medical and surgical staff who are contributing without charge their most skillful service to the needy." A year later he commented, "Our dispensary, at practically no expense, has answered a real need to many persons. This unheralded charity has afforded relief to 654 who made more than 3,400 visits." Twelve months later, the number had risen to 934 who made 4,878 visits. "The children alone who have been snatched from danger and placed on the road to recovery are recompense enough. The attention to the disease of the lungs is alone an asset to the state, although it receives tardy appreciation save in the hearts of those who are close to it."[3]

The dispensary work, first located in the first floor of the west wing, later in the south nurses' home, was continued until June, 1921, when the various dispensaries in the city were amalgamated and centralized into a Public Health Center.

There was need for more buildings.

Proudfoot and Bird had been architects for the hospital laundry, erected in 1912 by Arthur H. Neumann Company at a cost of $1,860. Total cost, including equipment, came to $6,700, but when it was placed in operation, the new plant saved the institution $400 monthly in laundry bills.

The principal building project of the second decade, however, was a new nurses' home. The Gersham Hill residence at 1117 Pleasant Street was purchased from Dr. Hill in 1913, at a cost of $17,000. It was used as the north nurses' home and, in 1916, plans were under way to construct an addition at the rear, "forty feet wide, east and west, and one hundred four feet in length, north and south, and five stories high above the basement . . . of plain substantial brick with reenforced concrete floors, and roof covered with flat tiling after the manner of the roof of our east main building." The basement was to include a gymnasium or exercise room, a trunk room, a small kitchenette and small hand laundry

The north nurses' home, with the Gersham Hill residence to which the six-story structure was attached, shown in the foreground. The framework at the top of the home has since been removed.

"in which the nurses may wash out for themselves small articles if they desire."

Twenty-eight nurses were to be accommodated on each of the five floors of twelve double and four single rooms. The equipment was to include ample bath and toilet rooms, and an automatic elevator. It was thought the building would cost about $50,000. Architects were Sawyer and Watrous, and the contractor was Charles Weitz and Sons.[4]

The estimate was too low. When Bishop Stuntz dedicated the new home in June, 1917, the cost was reported to be $69,000; later, furnishings and other related expenses, including plumbing, heating, and a new tunnel under Pleasant Street for carrying conduits and pipes as well as providing a passage for nurses, brought the costs to $100,000.

Construction of the new home necessitated enlargement of the central heating plant and erection of a new steel stack. A smoke-consuming device had previously been added. In addition to the new lighted tunnel, constructed by J. C. Mardis company on a bid of $5,500, the tunnel connecting the east and west buildings and the tunnel sewers had to be repaired, excavations under the Central building had to be made, and the foundation of this building strengthened. In 1913 this old structure had been made "rat-proof," but major repairs were not undertaken.

On the north end of the new nurses' home a six by thirty-six foot sign, "Methodist Hospital," was printed by August Bilz at a cost of $15. The canopy over the south entrance of the east building was erected at a cost of $1,300 in 1921.

How were all these improvements to be financed? It was thought nurses vacating rooms in the hospital would make more bed space available, resulting in greater income. (During the in-

fluenza epidemic of 1919, the hospital was filled to capacity, and even the Gersham Hill residence was assigned for extra patients.) Money could also be borrowed. A bond issue of $45,000 was authorized, of which $10,000 was to be issued to Dr. Hill to retire a mortgage held by him; the remainder was to be subscribed for by the Valley National Bank at six per cent. A further $20,000 loan from the Massachusetts Mutual Life Insurance Company, which held the hospital's first mortgage, was authorized, at five and a half per cent interest (eight per cent after maturity). The hospital indebtedness in 1916 totaled $134,800. This had risen in 1917 to $216,700.[5]

President Samson commented in his annual report in October, 1917, "The capacity of our plant is very much increased by the improvements made. We have facilities now for doing a business which is much larger than any of us imagined in the beginning we would ever need. It is large enough now to do all the business we ought to try to do until our indebtedness is very largely reduced or wholly paid." And, except for a new heating and laundry plant built of dire necessity in the 1920's, no further major project (except the gift of Blank Hospital) was undertaken until the debt was retired, although additional space was needed within a short time after his recommendation.

By 1919 the financial crisis was urgent. Postwar inflation had raised the cost of supplies to 224% of that three years before. Current indebtedness totaled $68,000; $10,000 due on the mortgage, $20,000 to the bank, $13,000 due in interest, $15,000 in current bills, $5,000 for a new ice plant, $5,000 for laundry changes.[6]

It was a situation that was to grow worse before it grew better. An attempt to help matters was made by increases in rates in 1917 and 1919, and in 1920 a change from weekly to daily rates. Such changes had to be made cautiously and usually by agreement with the other hospitals, for it cost almost as much to run a hospital only partly filled as one filled to capacity. Because of a large number of uncollected accounts, the hospital employed, first half-time, later full-time, Mr. W. M. Harder as collector, and in 1917 ruled that as far as possible all accounts be collected in advance, including "bed service, the operating room fee, Roentgen ray fee, et cetera."[7]

Another sound business practice had been inaugurated during the second decade. An accounting system was installed in 1912, after study by the firm of Wiggins Babcock and Company. At that time accounts due the hospital from 1910 totaled $18,110.91. Old accounts previous to that totaled $14,000. "This state of affairs has been brought about by a failure to apply strict business principles to the hospital . . . Our idea is that people who *can* pay for the splendid service rendered by this institution ought to be made to pay, in order that the hospital may carry out its functions in doing a larger amount of charitable work for the benefit of those who

are not able to pay," the auditing committee of the board of directors commented.[8]

Throughout the period of financial problems, of difficulty in obtaining adequate support, of groping toward sounder business principles, of piling up a greater and greater capital debt, the hospital was taking its place as a scientific institution, considered in the community less and less as a haven for the dying, more and more as a center for the diagnosis and treatment of illness, a place where prevention of disease was a principal part of the hospital's function.

Approval by the American College of Surgeons, when it came in 1921, was not an achievement suddenly arrived at. It was the culmination of a gradual development of services and standards throughout the hospital. What was happening at Iowa Methodist, seen in retrospect, was happening all over the country, as scientists, medical men, hospitals, clinics, associations, with new knowledge, new tools, better techniques, worked together to save lives and to promote physical well-being. Like other large hospitals in metropolitan centers, attracting medical specialists, Iowa Methodist gained impetus in its forward progression.

But there was little excitement, for what was happening came about so gradually that even those participating were scarcely aware.

When in 1895 Wilhelm Conrad Roentgen discovered the X-ray, he and other scientists at once recognized the possibilities for use in the diagnosis and treatment of disease. But development of the X-ray or Roentgen machine for medical use took time. It was in November, 1911, sixteen years after the discovery, that Iowa Methodist Hospital acquired its first X-ray machine—a wonderful new instrument that could see right through the patient.[9]

It was expensive equipment, costing $1,517.07—even more than the new sterilizer purchased at the same time for $1,245.50—and even more than all the new beds for the east wing, which cost $1,384.46! But it seemed a needed accessory for the fine new building, giving promise that Iowa Methodist would lead in the scientific field.

However, there was no one who knew how to operate the awesome and admittedly dangerous new apparatus. Encouraged by Dr. O. J. Fay, Dr. Thomas A. Burcham, who had just completed his internship at IMH, became interested and, with instructions from Dr. Wilbur Conkling, who was experimenting with an X-ray machine in his office, the young doctor became the first radiologist at Iowa Methodist.

Dr. Burcham was one of the pioneers in a field in which there was much to learn. During World War I he was assistant to the chief radiologist of the American Expeditionary Forces in France, after serving with the army on the Mexican border. His leadership in radiology was recognized nationally in 1936, when he was

elected president of the Radiological Society of America, an election which came while he was still serving as president of the Iowa State Medical Society.

During Dr. Burcham's war service, Mr. A. W. Blair of Pawtucket, Rhode Island, was employed as radiologist; when he resigned in 1918, Miss Ruth Whitney, a registered nurse, became the radio technician, and Dr. Walter E. Baker was appointed as Roentgenologist. Dr. Baker, who was also a gynecologist and obstetrician, resigned in 1928. Dr. Burcham later resumed his work as hospital Roentgenologist.[10]

By modern standards the first X-ray equipment was crude, and it was already outmoded in 1917. With the advice of representatives of the medical staff, a new apparatus was installed in the new X-ray room on the sixth floor of the east wing. New sterilizing equipment was obtained at the same time.

When Miss Alice Inhofe became the first resident pharmacist in 1910, she taught chemistry to nurses. Her successor, Miss Mabel Elder, also had this duty from 1913 to 1918. The department was then located across the hall from the main office. Miss Elder recalls that nurses in training in the pharmacy helped wash and fill stock bottles, and were taught to weigh drugs on scales, using the metric system. Upperclass students helped to fill simple prescriptions and orders. One student nurse was kept busy preparing Sippy powders, (so-called because a Dr. Sippy originated them), in folded paper containers.

When the Harrison law governing narcotics took effect in 1915, Miss Elder said, it took "considerable time and patience to get everyone accustomed to the fact that such drugs had to be signed for by the doctor."

Reluctantly she assumed another responsibility. When a wholesale liquor house in Des Moines was convicted of selling liquor illegally, the stock was confiscated by the court and divided among the hospitals in Des Moines and the army base hospital at Camp Dodge. Iowa Methodist's share of the stock included nineteen barrels of alcohol, and many cases of whiskey and wine, "more of the latter than I thought the hospital ever could use." A room was made secure with barred windows and padlocked door, and Miss Elder was given charge of the sole key to the hospital's liquor supply. "I tried to keep it a secret that I had the key," Miss Elder recalls, "and when I resigned in 1918, I was glad to hand the key—and the responsibility—back to the superintendent."[11]

The establishment of the pathological laboratory and autopsy room in 1911 was another outstanding scientific advance. Dr. W. E. Sanders was appointed pathologist in 1913 after the closing of Drake Medical School, succeeding Dr. D. J. Glomset, who went to Europe in 1914 for postgradute study. Dr. H. M. Eisler was appointed resident pathologist to succeed Dr. Sanders. In March, 1918, Dr. Julius Weingart was elected pathologist, and a minimum

fee of $1 for routine laboratory tests was established. All of these appointments had been part time. It was not until November, 1919, when Dr. R. R. Simmons took charge of the hospital pathological work, that a full-time pathologist was employed. When he resigned in May of 1927 to become assistant medical director of the Equitable Life Insurance Company of Iowa, Dr. Weingart, who had been consulting pathologist, again took over the pathological section.[12]

When Dr. Simmons became pathologist, he also was made secretary of the medical staff, then being organized to meet the requirements for approval set up by the American College of Surgeons and the American Hospital Association. One of his first activities was to secure competent technicians and to indicate to the medical staff the scope of laboratory tests available. He also consulted with staff members in the study of patients to determine laboratory procedure to assist in diagnosis and control. "The initial work covered the gross and microscopic examination of surgical material, the routine examination of urine and blood, gastric analysis and stools for blood and parasites."[13]

Until 1911, the physical therapy department had consisted only of the gas-heated baking machines for treatment of rheumatism, arthritis, and neuritis. In 1911 the department was enlarged to include a hydrotherapy unit with a fine needle spray, a tank, and hot packing equipment. Under the leadership of Dr. Arthur Steindler, orthopedic surgeon, a set of Zander apparatus was installed early in the second decade.[14] The physiotherapy department was operated from 1916, until he retired in 1923, on a commission basis by C. S. Quale, a registered nurse with eight years' experience at the Battle Creek sanitarium.

Although it was still common for women to have their babies at home, there were growing demands for the admission and care of obstetrical patients. In 1919 the obstetrical department consisted of six beds on the sixth floor, and a nursery with eight bassinets (occasionally there were twins). Dr. Floyd Rice recalls that when he came to Des Moines in 1919 "there was only one very poorly equipped delivery room with makeshift table and instruments. Ether was the only anesthetic given, administered by nurses or a visiting doctor friend of the obstetrician. There were no obstetrical interns."[15]

However, some doctors began insisting on hospital deliveries, and some disposed of their home obstetrical equipment. In 1921, the obstetrical department still had only eleven beds. After study by the staff and on recommendation of Superintendent Hurin, the department was moved to the east fifth floor. The new maternity department opened March 18, 1922. Much of the equipment had been contributed by the doctors. The report for April showed an increase of sixty per cent over the average monthly births for the previous year. By June the hospital births had increased 100 per cent over the monthly average of the previous year.[16]

Des Moines had no city hospital or clinic early in 1919. Dr. Rice that year started an obstetrical and gynecological clinic in the basement of the city hall. Shortly thereafter the city acquired the old Drake Medical Building at Fourth and Center Streets for a city hospital, and the new city obstetrical and gynecological clinic was moved to the basement of this building. This clinic, Dr. Rice believes, "educated the people to the advantages of hospital deliveries and played a big part in the growth of Methodist hospital's obstetric service."[17]

When analgesics came into vogue, patients were forced to go to the hospital to obtain them, since it was not practical to administer them in the home. In these early days of hospital deliveries, without assisting interns, the doctor had to watch his cases personally and often spent weary hours trying to sleep in a straight-backed chair, there being then no lounge available. If the doctor needed a white suit in those days before obstetrics came into their own, he either brought it from home or surreptitiously borrowed it from surgery.[18]

The beginning of special provision for children at Iowa Methodist Hospital is somewhat obscure. The original pediatrics ward had seven or eight beds on the third floor. Through the efforts of Mrs. Isaac L. Hillis and the Federation of Women's Clubs, the solarium and roof center, a fresh air camp, was developed in 1914. When the "Fresh Air and Sun Cure Ward" was opened, large placards were displayed with the information that "We have had a Children's Ward in operation for over 12 years. Last year 482 infants and children received benefits of the hospital. Of this number more than 63% were given free care. Many of the children were crippled."

The building in Good Park, which had been used as a fresh air camp, was donated to the hospital and fitted with an adjoining shelter. It cost less than $100 to equip the children's ward in the solarium, President Samson's annual statement to the board proudly reports.

Presumably Dr. M. L. Turner, the first physician in Des Moines to devote full time to the care of children, and Dr. Fred Moore, the second pediatrician to practice in the city, played a major role in this early project. Dr. Edward Harnagel recalls that in his internship year, 1911, he was called to the seventh floor to write a formula for an infant, "which in those days was a novel experience." He believes that the top floor of the east wing was first used for children during the typhoid epidemic of 1910-1911, when all the available beds on the lower floors were utilized for typhoid patients.

Over the next few years, it would appear there was a gradual transition from the use of the seventh floor for a sun cure ward to a pediatric floor for the care of sick infants and children. Dr. J. E. Dyson recalls that the pediatric department of the hospital was well established on the seventh floor when he came to Des Moines

in 1920, and Dr. Lee F. Hill, who came to the city a year later, corroborates this statement.[19]

There was also early recognition of the needs of the sick or convalescing child for recreation. The sun cure ward had doll houses and dolls, toys of all kinds, swings, a big sand pile for the enjoyment of the small patients while they received fresh air, sunlight, and nourishing food. Again, the Raymond Blank Memorial Hospital Guild had its predecessors—Mothers' Clubs of seven schools, and various other organizations worked with the Federation to sponsor the Good Park camp which preceded the sun cure ward.

The Federated Women's Clubs also contributed $150 to establish a milk kitchen in the hospital in 1915.

Dietetics continued to play an important part in the hospital life, but the only significant change in the second decade was the closing of the kitchen in the Central Building and the transfer of all diet kitchens to the east wing. Miss Bernice Davis resigned as dietitian to do postgraduate work at Ames in 1918, and for a time the hospital was without the services of a dietitian. In 1921, on the recommendation of the medical staff, a trained dietitian was again added to the staff.

Epidemics in the second decade taxed the facilities of the hospital and called for self-sacrificing staff service.

Miss Edna Snyder of the first graduating class of the School of Nursing recalls that in the early days of the hospital typhoid and smallpox cases were endemic. Many of the infections were traceable to veterans returned from the Spanish-American war. Vaccination was not so nearly universally practiced as it was later, and typhoid immunization was still in the experimental stage. Water supplies in the state were frequently polluted, and even in a city as large as Des Moines, as the typhoid epidemic of 1910-1911 showed, the water could become contaminated.

In 1913 a smallpox epidemic developed, and twenty-two cases were treated in isolation at Iowa Methodist. The board minutes, which refer euphemistically to "the presence of varioloid in the hospital," record a vote of appreciation for the excellent service and faithfulness of the nurses "who served the isolated cases in the emergency." Although all nurses and interns were immediately vaccinated, Dr. Edgar Earwood, an intern, developed the dread disease, and several of the twenty-two cases were among the nurses. The second floor west was used for the isolation of the patients, with Miss Margaret Snodgrass, assistant superintendent of nurses, in charge. Although all patients recovered, one male patient lost the sight of an eye because of the eruption.

Even more disturbing were the diphtheria and influenza epidemics of 1918 and 1919. Because of the war, the diphtheria epidemic which began in the spring of 1918 found the hospital short of nurses and interns. Dr. C. B. Luginbuhl was loaned from

the regular hospital staff to take charge of the patients. Dr. William LeRoy Hornaday, the only intern, since Dr. Harry H. Dilley had been called into service, was needed for the other patients.

Dr. Luginbuhl recalls that Mrs. Ann Kurth Susong was the nurse placed in charge of the second floor isolation area, because she was immune to diphtheria. Weakened by the twelve-hour duty day, she became ill with scarlet fever and had to be isolated under the care of other physicians and nurses. However, when she became ill, the outbreak—which had had from ten to eighteen patients at one time—was fairly well under control. Miss Nettie Brock, superintendent of nurses from 1916 to 1918; her assistant and later successor, Miss Faith Ankeny; and Miss Ida Trumbull, the night supervisor, worked closely with Dr. Luginbuhl throughout the emergency.

The epidemic, according to Dr. Luginbuhl, demonstrated to the hospital and the community the effectiveness of the antitoxin treatment, introduced in 1894. Patients, nurses, and others exposed to the disease or not known to be immune, were given the treatment. There was no fatality from the epidemic, and by late spring its ravages were over.

Not so fortunate was the hospital in the influenza epidemic which followed in the fall of 1918 and the winter of 1919. Several nurses died during the epidemic, and the new pharmacist, Miss McCredie, a graduate of the State University of Iowa Pharmacy College, contracted the disease fatally only a few months after entering the hospital service, the first hospital epidemic victim. It was in response to an urgent call from the hospital to Dean Teeters of the university pharmacy college shortly before Christmas that Miss Josephine M. Weiss volunteered to go to Iowa Methodist. Miss Teresa Hogan was in charge of the pharmacy for a short time thereafter; and when the epidemic was over, Superintendent Hurin offered Miss Weiss permanent employment as pharmacist, a position she accepted and retained until May 13, 1932.[20]

The influenza epidemic, which had been raging in Europe and among both the expeditionary and home armed forces, struck suddenly in Iowa. The patient, apparently well prior to the onset, was in a state of physical and mental exhaustion 18 to 24 hours later, with severe headache, general malaise, sore throat and cough, with later chest complications of pneumonia, pleurisy with effusion, and encephalitis.

The epidemic entailed long hours of duty for nurses, as many as sixteen hours at a time, unrelieved. Under the supervision of Miss Ankeny, Mr. Hurin, and the single intern, Dr. Merrill M. Myers, hospital work was carried on.

Unfortunately, Dr. Luginbuhl points out, antibiotics were not yet available, and the treatment was carried on with "intelligent neglect". Physicians who looked after the welfare of the patients included Drs. Page, Bierring, Winnett, F. A. Ely, Fred Moore, Nelle

Noble and Luginbuhl. Many of the nurses went back to work with depleted health, asthenia, malnutrition, and anorexia.

Lethargic encephalitis became manifest shortly after the influenza epidemic appeared to have subsided. This spent its impact in less than six months, except for sporadic outbreaks.[21]

After these epidemics, in 1919 the entire third floor was set aside for medical cases. It was now thoroughly recognized that other than surgical cases needed hospital care.

During the influenza epidemic, the American Red Cross appealed to the hospital for senior student nurses to serve at the army base hospital at Camp Dodge. Ten students were spared for this patriotic service, and the volunteers, after their return in January, 1919, were awarded by the hospital a silver star emblem to be worn on the left sleeve of the uniform. They were Dorothy Bennett, Gladys Dittmer, Mabel Howard, Vivian Miller, Elizabeth Shaffort, Hazel Segner, Florence Steinberger, Alma Van Horn, Hazel Wilson, and Herda Witter.[22]

The war made an impact on the hospital in various ways, principally, as during World War II, by a shortage of personnel. Both regular and intern staffs were depleted, and many nurses left the hospital to serve. When the United States formally declared war in April, 1917, the hospital, its nurses, attendants, and facilities were promptly placed at the disposal of the government. Dr. Ruth and Superintendent Hurin were made a committee to organize a hospital unit if such a unit were needed by the government. The hospital also provided facilities, and members of the attending and resident staff participated in conducting physical examinations of applicants for enrollment in the Officers Reserve Corps of the Army.[23]

The training school class entered in the fall of 1918, enlarged because of wartime needs, was known as the Liberty Class.

The period of inflation following the war was trying for the hospital. One of the increased expenses was for payment to interns of a monthly allowance of $25. Interns were hard to obtain, and the monthly stipend was a stimulus. Costs for supplies advanced, and the employee payroll had to increase, particularly for skilled technicians.

In the early twenties, veterans' hospitals were not yet adequate to care for the soldiers who returned wounded and ill, and the hospital had a contract with the government to care for these disabled veterans. A number of romances among the nurses and convalescent soldiers resulted.[24]

The school of nursing continued a gradual professional growth, paralleling the aims as expressed by the profession in new state requirements. The war had given nurses an increased prestige. Although there was little change in the curriculum, there was a growing tendency to have faculty members with more postgrad-

uate training. The closing of Drake Medical College meant that instruction had to come from nurses on the staff.

The new nurses' home offered greatly improved living conditions and better classroom facilities. Duty hours had been reduced by 1912 to nine a day, with one afternoon a week and part of Sunday off. Nurses still had longer hours when on night, special, or operating room duty, or in time of emergency, such as during the epidemics.

Miss Wilhelmina Hansmann of the Ottumwa Hospital was employed in 1912 as the first night supervisor, and the following year Miss Katharina Diehl became surgical nurse, and Miss Susan Clay and Miss Ethel Dickerson were employed as the first graduate floor supervisors. When Miss Millicent Schaar, superintendent of nurses, left the hospital in December, 1913, Miss Margaret Snodgrass, her assistant, succeeded her, until 1914, when she in turn was succeeded by Miss Elizabeth Bidmead for a few months, followed in turn by Miss Helen Needles and Miss McIntyre. When the latter resigned in 1915, Miss Diehl was elected superintendent of nurses, but resigned a few months later, to be succeeded by Miss Nettie Brock of the Chicago Wesley Hospital, who remained until May, 1918. She in turn was succeeded by Miss Faith Ankeny, who had been her assistant, and was also a Wesley graduate; and stability was again achieved, for Miss Ankeny remained until 1927,[25] when she became the first director of the state department of nursing education.

These mannequins, costumed by the alumnae for the fiftieth anniversary celebration, show the changes in nursing uniforms in fifty years. From the left, they represent uniforms of 1901, 1902, 1904, 1916, and from 1938 to 1951.

The school was growing. In 1911 there were ten graduates. By 1914 an all-time high record of 104 students was reached, and in 1916 the average number of students was 105, and there were thirty graduates. The class of 1916 was the first to wear caps and gowns at commencement.[26]

Students wore blue chambray uniforms up to 1916. Gradually, between 1908 and 1916, collars had been changed from the high bishop or clerical type to low square-cut Buster Brown fashion. The aprons grew simpler with curved neckline; and caps changed to the wider-brimmed unpleated type with a black band across the brim. In 1916 the blue and white narrow stripe uniform with shorter white-cuffed sleeves was adopted.[27] Uniforms and aprons were still long, otherwise quite similar to those worn today, except that apron skirts were gathered instead of gored. Gradually, as they could afford them, nurses adopted wrist watches, but many students bought the inexpensive but reliable Ingersoll pocket watches, sometimes carried in their uniform pockets, sometimes safety-pinned to the bibs. The changes in the uniforms of fifty years, modeled by five miniature mannequins, were costumed by the Alumni Association at the time of the fiftieth anniversary celebration in June, 1951, and may be seen in a permanent display in a glass case in one of the elevator lobbies of the hospital.

Uniforms had been supplied to students until 1918, when the practice was discontinued. An increase of $1 per month in allowance to juniors and seniors was made to offset this loss.

It was in 1918, also, that a cafeteria for nurses was authorized —apparently one effort for economy to meet the increasing cost of furnishing maintenance to students.

Enrollment in the school beginning in 1917 was restricted to graduates of accredited high schools. In 1921 a school for home nursing was authorized as an auxiliary to the school for nurses. Three hours off duty rest was begun, and students were allowed to wear oxfords—black, however, and students in the thirties were still irked by having to wear black stockings and shoes.

Students did not take part extensively in the post-war fad of hair-bobbing. There was no regulation against it, but Miss Ankeny shrewdly ruled that those with bobbed hair must wear hair nets. The straight unshingled uncurled bob then in vogue did not lend itself to the use of a hair net; so most students kept their tresses long.

Although the hospital had always cared for students and employees during illness, the health service for the staff had its real beginnings in 1919 with the development of a sick bay for nurses.

In 1919 Iowa Methodist Hospital was listed as fifth in size of the fifty-four hospitals supported in the United States by the

Methodist Episcopal church. The 1920 General Conference, held in Des Moines, established the Board of Hospitals and Homes. The hospital applied at once for membership. It already was a member of the American Hospital Association and of the State Hospital Association, which its representatives helped to organize in 1919.

By December, 1921, two decades after the hospital was organized, Iowa Methodist Hospital was approved by the American College of Surgeous. This had entailed considerable preparatory reorganization of the staff and the adoption of a set of bylaws for its organization and conduct. One of the important results was an improvement in keeping of clinical records by the staff.

Specialization is evident more strongly than ever in the personnel of the first staff elected after the hospital approval. The staff included the following doctors:

Attending Physicians
Addison C. Page, M.D.
Walter L. Bierring, M.D.
Milton G. Sloan, M.D.
Andros Carson, M.D.
Alfred S. Price, M.D.
Nelle S. Noble, M.D.
William E. Sanders, M.D.
Edwin B. Winnett, M.D.
C. B. Luginbuhl, M.D.
Carl H. Carryer, M.D.

Attending Neurologist
Frank A. Ely, M.D.

Attending Phthisiologist
John H. Peck, M.D.

Attending Gastroenterologist
John T. Strawn, M.D.

Attending Dermatologist
Edward R. Posner, M.D.

Attending Pediatrist
Matthew L. Turner, M.D.

Attending Surgeons
Oliver J. Fay, M.D.
Charles F. Smith, M.D.
James W. Osborn, M.D.
William O. Smouse, M.D.
George A. Field, M.D.
R. Phil Parriott, M.D.
C. E. Ruth, M.D.
Edward J. Harnagel, M.D.
H. A. Minassian, M.D.
William B. Hight, M.D.

Attending Gynecologists and Obstetricians
Lawrence E. Kelley, M.D.
Walter E. Baker, M.D.

Attending Laryngologists and Rhinologists
William W. Pearson, M.D.
Ralph H. Parker, M.D.
Charles C. Walker, M.D.

Attending Odontologist
Jesse A. West, D.D.S.

Associate Physicians
Meredith M. Mallory, M.D.
Loren K. Meredith, M.D.
George E. Sanders, M.D.
Claude Dickey, M.D.
Thomas P. Bond, M.D.
Hugh B. Woods, M.D.
Robert L. Parker, M.D.
Merrill M. Myers, M.D.
James T. Priestley, M.D.
Eli Grimes, M.D.
Daniel J. Glomset, M.D.
Harry E. Ramson, M.D.

Associate Gastroenterologist
Harry H. Dilley, M.D.

Associate Genito-Urinary
William R. Hornaday, M.D.

Associate Pediatrist
James E. Dyson, M.D.

Associate Surgeons
H. A. Habenicht, M.D.
Wilton G. McCarthy, M.D.
J. C. Rockafellow, M.D.
Verl A. Ruar, M.D.
F. W. Fordyce, M.D.

Consulting Surgeon
David W. Smouse, M.D.

Consulting Pathologist
Julius Weingart, M.D.

In addition there were thirty doctors on the adjunct staff.

Hospital activities were reaching new peaks of achievement, and, except for the acute problem of indebtedness, there seemed no limit to what the institution might accomplish. There were, indeed, serious difficulties ahead, but the grey clouds of the depression years had not yet gathered. Iowa Methodist Hospital, stamped with the coveted approval of the American College of Surgeons, would continue to grow, to serve.

FOOTNOTES

1. Board Minutes, 1908-1918, *passim*, annual reports.
2. Executive Committee Minutes, 1923-1925, October 20, 1924.
3. In 1915 the state tuberculosis death rate was 51.4 per 100,000 population, compared to 10.1 in 1949, according to a state public health department report.
4. Board Minutes, January 5, 1916, ff.
5. *Ibid.*, October 15, 1917.
6. Notes of Miss McHarg and Mrs. Lincoln.
7. Board Minutes, 1908-1918, *passim*.
8. Board Minutes, February 15, 1912, appended.
9. Mrs. Josephine Hoffman Dorr, a member of the nursing class of 1904, recalls that Dr. E. E. Dorr demonstrated an X-ray machine in his office in 1903 to a group of student nurses.
10. From memorandum prepared by Miss Mildred Metcalf, chief technician of the Iowa Methodist Hospital X-ray laboratory; and from staff appointments recorded in Board Minutes, 1908-1918, and Executive Committee Minutes, 1916-1919.
11. From correspondence to Miss Elva Werner, head of the pharmacy department in 1951.
12. Memoranda by Dr. R. R. Simmons and Dr. Julius Weingart, and Board Minutes, 1908-1918, *passim*.
13. Memorandum, Dr. Simmons.
14. Correspondence from Dr. Arthur Steindler of the University of Iowa State Hospitals.
15. Memorandum, Dr. Floyd Rice.
16. Executive Committee Minutes, 1919-1922, May, June, 1922.
17. Memorandum, Dr. Rice.
18. *Ibid.*
19. From history of pediatrics at Iowa Methodist Hospital written by Dr. Lee F. Hill, chief of pediatrics service, 1951.
20. The information about Miss McCredie and the changes in the pharmacy department was supplied by Miss Werner, and from Executive Committee Minutes, 1916-1919, *passim*.
21. Memoranda on the diphtheria and influenza epidemics were prepared by Dr. C. B. Luginbuhl.
22. Executive Committee Minutes, January 21, 1919.
23. *Ibid.*, April 24, 1917.
24. Memorandum, Miss McHarg.
25. Board Minutes, 1908-1918, and Executive Committee Minutes, 1919 through 1928, *passim*.
26. *Ibid.*
27. Memorandum on uniforms prepared by Miss McHarg and Mrs. Lincoln.

Chapter 5

THE MIDDLE YEARS

The Middle Years

WHEN IN 1903 the hospital sprouted its first wing to the west and the problem of ramps versus steps arose, it was understood by everyone that Central Building, the original Callanan College, would eventually be replaced.

In 1913 board members discussed a campaign to raise funds to erect the proposed replacement. Other needs were more immediate, and the directors contented themselves with having minor repairs to the existing structure, and later, when other repairs were being made to tunnels and sewers, strengthening the foundation.[1]

It was not until 1923 that reconstruction of the interior was undertaken. Reporting on the completion of this project, President Samson said, "The rebuilding of the entire inside of our old Central building has been completed, and that building is not only a great joy in its present condition, but it has had such renewal as that it should last for a half century with very little repairs. It answers most admirably the purpose for which it has been rebuilt. About the only portions of the old building that remain are certain walls which could not be removed, and portions of the floors."[2]

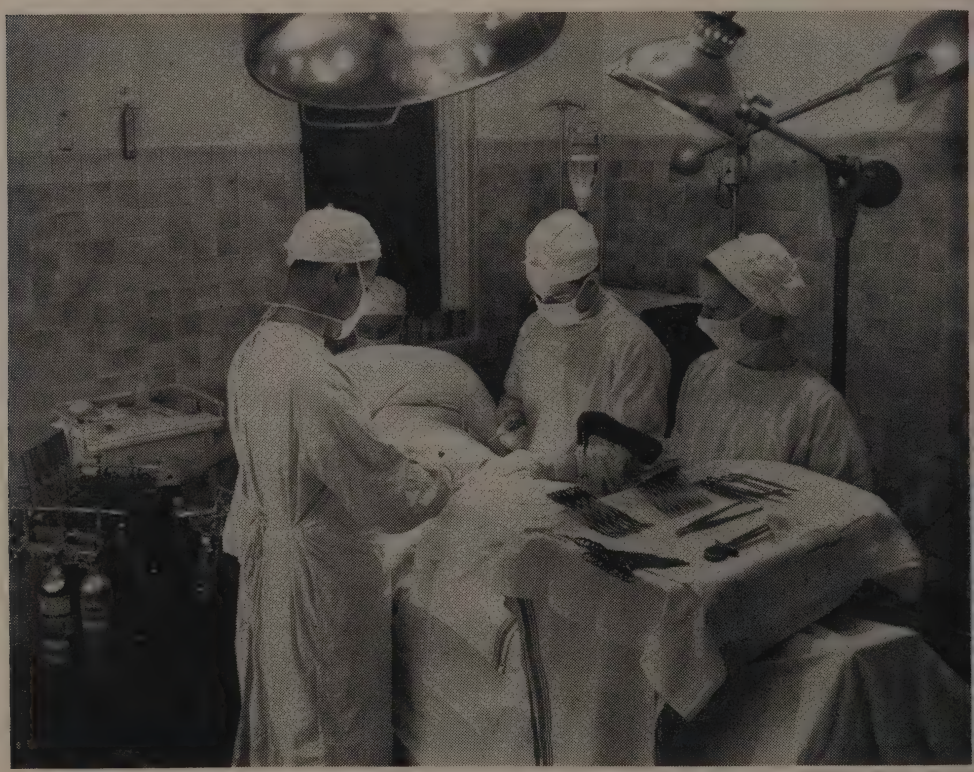
Nearly thirty years have passed since the president's prediction, and Central, in 1951, is still serving admirably the purpose for which it was rebuilt. It is true that the exterior is less attractive than the exterior of the newer wings, but once inside the modern entrance, for which a revolving door was installed in 1942, the visitor is not conscious of any great difference.

The 1921-1923 repairs cost $50,985.57.[3] Out of sheer necessity in 1934, at a time when, because of the depression, hospital finances had plunged to their nadir, further repairs were made: the top wall of the aging building, crumbling under the weight

of the heavy 54-year-old slate roof, had to be rebuilt. Because the old paint on the bricks had scaled off so that moisture from rains and snows was saturating the walls, ruining the interior wall paint, the bricks also were repainted, and new gutter and steel coping were installed.[4]

A later improvement to Central building was made in 1942, when a further excavation from the existing basement to furnish a lounge for maids showed weakened foundations. Repairs to the underpinning were made before any serious damage had been done to the structure.[5]

When plans for the new south wing were still in the discussion stage, there was some thought of changing the hospital main entrance to the south side to provide a better first impression to hospital visitors. However, after pros and cons were weighed, it was decided the main entrance should remain on the north, for two practical reasons: one, to correspond with the main entrance of Blank Hospital; and two, to have the entrance easily accessible from the parking lot across Pleasant Street.[6]



Operating rooms were modernized in the early 1920's. This photograph was taken in 1951, shortly before the new operating rooms in the south wing were opened.

Other repairs were made to the hospital buildings. Terrazzo floors, like those in the east wing, were laid in the west wing in 1921, on a contract for $5,542 (plus half the required cement) with the Des Moines Marble and Mantle Company.[7] During this improvement, about sixty-five beds were unavailable for use, considerably reducing the hospital income.

For reasons of economy, the interior walls of the north nurses' home had been left unpainted. In 1921 it was necessary to rehabilitate the entire building, as well as to repair the furniture and to make replacements.[8] The program included provision of a kitchenette and reception room for guests.[9]

The previous year the Nurses' Alumni Association had undertaken to supply $500 for equipping and furnishing a nurses' lounge and dressing room on the fifth floor of the hospital.

Equipment that had served the hospital in earlier days was proving inadequate to the burdens imposed by more buildings and an increased annual patient load that in the early twenties passed the 5,000 mark. New vacuum cleaning equipment had to be purchased for the hospital. The refrigerating plant (called the "ice machine") had long been the subject of complaints because of noise disturbing to patients. In 1920 it was seriously overloaded, but although new refrigeration equipment was needed and authorized, it was not purchased for several years, repairs having been made.

During this refurbishing period, a rehabilitation of the kitchen with introduction of modern labor-saving equipment was undertaken.[10]

The creation of the maternity pavilion required extensive repairs and changes in the fifth floor, east and central, and the purchase of bassinets, obstetrical beds, and other appropriate equipment.[11] Surgical suites were removed from the sixth to the fourth floor of Central to improve facilities and to provide more beds on the sixth floor, and there was considerable remodeling of the third and fourth floors.[12]

Need to repair and refurnish the south nurses' home was apparent, and during World War I and in the period following, there were several requests, including that of the Women's Home Missionary Society in behalf of the Deaconess Training School, for use of the building, which was unoccupied except for the dispensary, which also was closed in 1921. But there were no funds to make the structure useful, and such requests were reluctantly declined. In 1921 the Deaconess School found other quarters in Esther Hall, constructed that year.[13] In 1924 there was some discussion of creating a women's and children's hospital out of the south home, but nothing came of the proposal made by Chaplain Smith.[14] The home continued to be used for storage, shops, an employes' dormitory, and related purposes until World War II finally furnished the impetus and means for its restoration.

The urgent need of the twenties was for a new heating and laundry building. Though this structure could be ill-afforded, and every avenue was pursued to avoid the financial burden it would entail, it finally became an absolute necessity, was undertaken in 1925, and was completed a year later at a cost of $113,000.[15]

"Our heating plant had become so nearly exhausted that we were well down to the danger point, so far as heating is concerned. It was regarded as unsafe to try to go through another winter with it," Mr. Samson reported to the board. "Our laundry, machinery, and appliances were worn out, and in a building which was never worthy of being considered anything more than temporary."[16] The old heating plant was razed and the equipment sold as junk for $100 shortly after the completion of the plant which replaced it.[17] The hospital laundry was torn down so that the new two-story structure could be erected on the same site plus an adjoining lot purchased for the purpose. Meanwhile the laundry was done by the Miller Sanitary Laundry Company at a cost totaling $21,000 for 286 days.[18]

The former Potter residence across the street from the hospital on the property adjacent to the Business Women's Home had been purchased for $15,000 in 1919.[19] It was sold on a mortgage of $14,000 at five per cent after payment of $1,000 cash.[20] This property, which included a two-story brick structure and a two-story frame building, was first leased to tenants, and, from 1929, to the Junior League, which used it for a convalescent home for several years. In 1937 it was decided to raze the brick structure and construct a parking lot on the site.[21] But because there were plans to widen Pleasant Street that did not materialize till later, the building remained until Blank Hospital was built, when dirt was removed from the lot to be used as land fill for the children's hospital. An easement agreement on the alley between the property and that adjoining was reached with the Business Women's Home in 1938.[22]

When Mr. Hurin, who had served the hospital as administrator since 1916, resigned in 1927, a resolution of appreciation was passed by the executive committee. "We take pleasure in saying to you that in the twelve years during which you have served our hospital, we have found you thoroughly capable and well-qualified both by education and experience for the position of hospital superintendent. You have been industrious and energetic and have taken an absorbing interest in managing it as economically as possible. You have kept yourself informed as to the progress of experience and thought in hospital appliances and methods that have appealed to you as wise in the promotion of the interests of the hospital. We have found you to be scrupulously exact and faithful."[23]

One of the "appliances" whose acquisition Superintendent Hurin and the medical staff urged for the hospital as early as 1919 was an "electric Cardiograph, a mechanical apparatus that has proven very valuable as an adjunct to diagnosis in diseases of the heart."[24] Purchase of an electro-cardiograph was authorized in 1926.[25] The equipment was to be installed at a total cost of about $2,500.

The "invalid's car," of which the hospital had been so proud when it was acquired in 1916, was involved in a collision with a Clark Street trolley car in 1918. By 1921 "attention of this [executive] committee was called to the critical condition of the Invalid's Car or ambulance. This motor equipment showing considerable signs of wear and tear after five years of operation over the streets of Des Moines."[26] However, no new ambulance was purchased, and in 1928 it was sold to the White Line Storage Company for $200. "The ambulance being of an antiquated type was of no more service to the institution and was a growing expense."[27] The hospital did not again obtain an ambulance, and in recent years its patients have been served, like those of other Des Moines hospitals, by ambulances of commercial firms. Changing medical trends, with more patients entering the hospital "on their feet" together with great increase in the number of comfortable private automobiles able to carry nearly all but the desperately ill or the serious accident victims, have markedly diminished needs for ambulance service.

By 1924 the school of nursing, with 122 students, was reported second in point of enrollment of all nurses' schools in Methodism.[28] There were 132 in school the next year, when the "school was never in better condition than at present." The number dropped to 82 the following year, but was up to 133 in 1929.

Miss Faith Ankeny, superintendent of nurses, was well liked by the students, who dedicated to her, in June, 1922, the first edition of the school annual, *The Lamp*. This first yearbook had as its staff Bessie McCombs, editor-in-chief; Ann James Lauer, associate editor; Ina Brown, business manager; Cora Fox, assistant; Martha Albright, secretary; and Evelyn Horsch, treasurer.[29]

Students were comfortably housed and had the luxury of a radio in their home, installed by the board in 1922.[30]

The Iowa State Board of Health established a requirement in 1920 reducing the maximum permissible period a student nurse could be placed on special duty from six months to sixteen weeks during the three-year course.

The Alumni Association of the school established a new schedule of fees for private duty nursing service the same year, of $50 per week and board for general surgical and medical cases; $55 and board for obstetrical cases; and $60 and board for contagious and infectious cases.[31]

When Miss Ankeny resigned in 1927[32] she was succeeded by her assistant, Miss Florence Wesslund, a graduate of Augustana Hospital in Chicago. Miss Ankeny had previously been given a leave of absence to study nursing schools in the state, at the request of Dr. Henry A. Albert, commissioner of health.[33] Miss Wesslund was acting superintendent of nurses during this period.

Changes in the hospital arrangement for care of patients, such as the new obstetrical floor, the establishment of a separate floor for medical cases, the relocation of surgical suites, were both a result in part of increased activity and demands by the medical staff, and a cause for further advance.

The organization of the staff relative to the approval of the hospital by the American College of Surgeons led to regular staff meetings and a program of self-improvement that bettered the standards of the hospital. Staff meetings, of course, had been held prior to 1920, but they apparently were held irregularly, with no requirement for attendance. It was on August 14, 1920, that the staff was called together to consider standards of the hospital. Dr. Smouse, who presided, was elected president-emeritus of the staff. Dr. A. C. Page was elected president, and Dr. Simmons, secretary, a post he held for eight consecutive years. A committee was appointed to draw up articles of procedure relating to the minimum standards supplied by the American College of Surgeons.[34]

In succeeding meetings rules and regulations for the staff were formulated, an interns' committee of three was appointed, by-laws were accepted, and a new system of clinical records was developed.

The staff had discussions of case histories (the identity of the patient was not revealed) and a plan was developed to study the autopsy findings under Dr. Simmons, pathologist. Later, in an effort for self-education, every death that occurred in the hospital was subject to staff scrutiny and discussion, with a comparison of the diagnosis of the attending physician and the actual posthumous finding. This rigorous self-examination, at times perhaps embarrassing to staff members, was greatly responsible for raising the standards of the medical staff.

The staff, thus organized, also became more effective in pointing out to the administration certain needs of the hospital. For example, in 1921 the staff requested that the office of the dietitian be filled. Later the staff invited the dietitian to attend a meeting that a better mutual understanding of problems and of benefits to be obtained through nutrition might develop.

Sections for clinical programs were developed in 1923, with Dr. Bierring heading the medicine group, Dr. Fay that on surgery, Dr. Kelley, gynecology and obstetrics, Dr. Parker, eye, ear, nose and throat, and Dr. Turner, pediatrics.

The staff in 1924 contributed funds to furnish a check-in and check-out board for physicians, adding to hospital efficiency.

The staff in its self-educating program was kept abreast of new medical discoveries and exchanged experiences on new treatments and techniques. Among the topics thus discussed in early meetings were the Dick test for scarlet fever, the clinical diagnosis of syphilis, treatment of burns with tannic acid, pre- and post-operative care of prostatic surgical cases, and reports of observations of a clinic in bronchoscopy in Philadelphia. Thus the staff members shared the benefits of their mutual experiences and training.[35]

In 1927 the staff was again reorganized and a new constitution and by-laws approved conforming to a new organization program of staff members proposed by the American Hospital Association in a letter from the executive secretary, Dr. W. H. Walsh.[36]

Officers elected by the staff for the interim period were Dr. Page, president, Dr. H. C. Willett, vice president, and Dr. Simmons, secretary. Committees were appointed by the president to formulate plans for staff membership, constitution and by-laws, and interns; and a service committee, with representatives from medicine, surgery, pediatrics, obstetrics, and specialties, was chosen.

The new constitution provided for a staff organization of two groups, attending and associate, the membership to be appointed annually as before by the Board of Trustees[37] of the hospital. The associate staff were granted privileges of staff membership and "freedom of the floor" at staff meetings, but were not entitled to vote in staff proceedings. There was no provision for "adjunct staff". Meetings were to be held each month from September through May, with the business conducted during the summer months by a committee.

The constitution and by-laws thus set up were far simpler than the present government, adopted by the staff in January, 1946, and approved by the directors in April of the same year.[38]

The American Medical Association also exerted its influence in hospital standards. In May, 1927, the AMA ruled that no hospital would be retained among those approved for training interns unless autopsies were regularly held on at least ten per cent of the deaths, after January 1, 1928, and after January 1, 1929, the number required was to increase to fifteen per cent.

In June, 1924, Miss Beunetta Gunderson, a registered nurse trained for the work, was employed as anesthetist for obstetrics. It was in 1927 that Dr. John Connell was reclassified on the staff from attending physician to attending anesthetist, devoting his entire time and resources to the practice of anesthesia.[39] A transition was being made from the administration of anesthesia by registered nurses trained as anesthetists to physicians especially trained for the purpose. (Anesthesia was no longer simply admin-

istration of ether.) Because of a shortage of medically trained anesthetists, the hospital continued also to employ nurses trained in the work, and interns were called upon to assist. The insistence of the medical anesthetist that the giving of anesthesia should be medical practice and not a function performed by the hospital was delineated in 1935 to the medical staff by Dr. E. P. Lovejoy, anesthetist at that time. He concluded, "The science of anesthesia has been developed by the medical profession on a basis of physiology, particularly on the physiology of the respiratory and nervous systems. Likewise it requires not a little knowledge of pharmacology and therapeutics. The simple matter of technique as learned in the three month courses for anesthetists is only a small part of the science."[40]

The transition from the use of nurse anesthetists to medical anesthetists was completed in the ensuing years, and today Iowa Methodist Hospital has the distinction of being one of the few hospitals to have anesthesia administered almost exclusively by specially trained doctors, there being five such anesthetists on the staff.

At the time of the second staff reorganization the policy of staff membership as expressed by Dr. Walsh of the AHA was unanimously approved. This policy clarified the relationship between the staff and the board of directors, establishing the basic principle that the board must have absolute authority in the matter of appointments because of its legal responsibility, but pointing out that such appointments or removals from the staff should be made upon the recommendation of the staff. "The board has the unquestioned right to appoint a member of the professional staff, without first submitting the name and qualifications to the staff, but such a procedure is unwise, since it must be conceded that even though the appointee was a proper one, the physician is useless to the institution unless he is accepted by those with whom he must work and is enabled to coordinate and cooperate with his colleagues."[41]

Applicants for staff membership were required to pledge "that I will not practice the division of fees, either directly or indirectly, in any manner whatsoever; to refuse utterly all secret money trades with consultants and practitioners; to teach the patient his financial duty to the hospital and to the physician and to urge the practitioner to obtain his reward from the patient openly; to make my fee commensurate with the service rendered and with the patient's rights, and to avoid discrediting my associates by taking unwarranted compensation."

Dr. Frederick W. Slobe of the American College of Surgeons had emphasized, in a letter to Superintendent Hurin January 26, 1923, "the fundamental necessity and inherent right of the hospital to discriminate in its selection of physicians who are given hospital privileges . . . Hospitals have a tremendous responsibility to the

community in guaranteeing honest and efficient hospital care . . . This has no direct reference to the closed staff, but simply expresses one of the outstanding principles of the Minimum Standard of the College, that staff membership should be restricted to the ethical and competent in their respective fields."

Thus the hospital and the staff throughout the developing middle years worked together to ensure that the community might have, in Iowa Methodist Hospital, an institution responsible and dedicated to its best interests.

FOOTNOTES

1. Board Minutes, March 28, 1913.
2. *Ibid.*, October 16, 1923.
3. *Ibid.*
4. *Ibid.*, October 16, 1934.
5. *Ibid.*, October 20, 1942.
6. *Ibid,* November 16, 1943.
7. *Ibid.*, May 27, 1921.
8. *Ibid.*, April 9, 1920, June 25, 1920.
9. *Ibid.*, December 21, 1923.
10. *Ibid.*, December 6, 1923.
11. *Ibid.*, March 24, 1922, January 13, 1922.
12. *Ibid.*, 1919-1922, *passim.*
13. *Ibid.*, 1916-1923, *passim.* In the early 1930's a group of doctors considered leasing the home for an office building, but did not follow through on the proposal.
14. *Ibid.*, March 18, 1924.
15. *Ibid.*, October 19, 1926; November 15, 1932, special summary report.
16. *Ibid.*, October 26, 1925.
17. *Ibid.*, November 1, 1926.
18. *Ibid.*, January 22, 1925, June 23, 1926, January 10, 1927, October 16, 1934. A rate list by the Miller Laundry filed with the minutes gives interesting information on laundry costs in 1926. Colored uniforms for nurses were laundered at 25 cents and white at 35 cents; nurses' caps were three cents, and men's collars were laundered at five cents each. (Attached shirt collars were not yet universally worn.) Evidently the laundry could not maintain these low prices; later minutes show a charge of 63 cents per student uniform. Flat work was done for 2½ cents a pound.
19. Board Minutes, December 22, 1919.
20. *Ibid.*, January 29, 1920.
21. *Ibid.*, March 23, 1937.
22. *Ibid.*, February 4, 1938.
23. *Ibid.*, February 24, 1927, March 10, 1927 .
24. *Ibid.*, September 8, 1919, July 14, 1922.
25. *Ibid.*, October 29, 1926.
26. *Ibid.*, October 28, 1921.

27. *Ibid.*, April 16, 1928, June 12, 1928.
28. *Ibid.*, October 20, 1924.
29. Information on the first annual was supplied by Miss Isabel McHarg.
30. Board Minutes, December 1, 1922.
31. *Ibid.*, August 27, 1920.
32. *Ibid.*, May 6, 1927.
33. *Ibid.*, May 20, 1927.
34. Minutes of Medical Staff, August 14, 1920.
35. *Ibid.*, from notes compiled by Dr. Nelle Noble.
36. *Ibid.*
37. The term of board of directors is technically correct, but the board has frequently been referred to as a board of trustees. The existing Articles of Incorporation (5th revised and substituted) retain the term director.
38. Constitution and By-Laws of the Medical Staff. Discussion of the later organization will be found in Chapter XIV.
39. Board Minutes, February 24, 1927. The same action had been reported in 1923 (Minutes, May 23, 1923) but perhaps it was overlooked when the annual staff appointments were made and listed.
40. From an address to the surgical section of the staff April 8, 1935, by Dr. E. P. Lovejoy.
41. Copy of a letter from W. H. Walsh, M.D., executive secretary, American Hospital Association, January 14, 1927, filed in Medical Staff Minutes.

Chapter 6

METHODIST ZEAL

Methodist Zeal

ALTHOUGH THE Methodist Episcopal Church had fostered the hospital from the beginning, with church members contributing to its support and church dignitaries lending their presence to important functions, it was not until the development of the chaplaincy that the hospital was able more adequately to minister to the spiritual needs of its patients.

Today physicians and hospital administrators place emphasis on treating the whole man. Patients are recognized not simply as cases of appendectomy, gall bladder disease, or virus pneumonia. The patient is seen as a whole personality, and it is recognized that other than physical factors may be affecting his illness or recovery.

Chaplains ministered to the soul of the patient long before anyone devised the term psychosomatic. Today, at Iowa Methodist Hospital, the chaplaincy is more than ever considered vital in the work of healing the sick.

Two men, a retired minister and a brick layer who was a lay preacher, were the hospital's first chaplains. The Rev. Asbel Thornbrue and Mr. John Bailey were elected by the board of directors in July, 1911, to serve six months without pay. Previously (and later also, of course) ministers of Des Moines and the surrounding area came to the hospital to call on those patients who were members of their congregations. Many patients, however, had no affiliations with the church, or came from distant homes. When not out of the city, the corresponding secretaries of the hospital, all ministers, were available to give spiritual help to the critically ill, and nurses often read Biblical passages and prayed with patients who suggested it to them.

Mr. Bailey, called a "kindly Englishman," had helped in the brick work for both west and east wings as well as the south nurses' home, and supervised other workmen. He had been a mem-

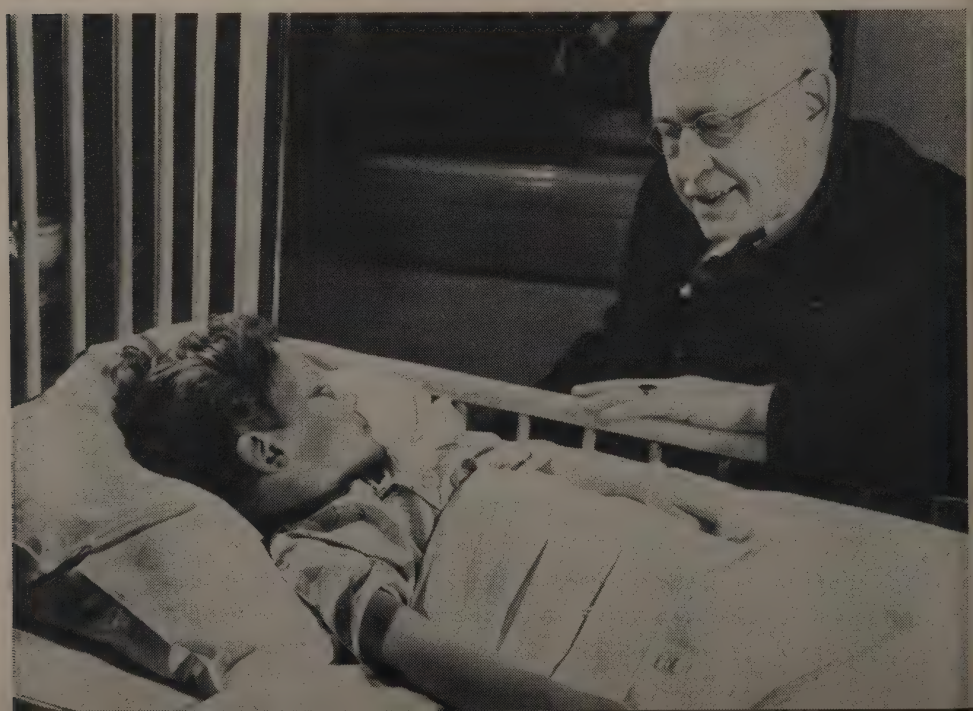
ber of the board of directors of the hospital for a term expiring in 1911.

The chaplaincy was a labor of love for both men. After the first six months, the Rev. Mr. Thornbrue had a short leave, then in March, 1912, resumed his services, but now on a stipend—of $15 a month. Two months later he reported that he had worked 71 hours, visited 739 sick, and held three Sunday services with a total attendance of 45.[1]

The Iowa Methodist Hospital and Nurse Training School Magazine in 1914 gives a chaplain's quarterly report. There had been 263 hours spent in calls, 3,499 calls on the sick, 498 attending Sunday services, and three "professions" resulting from "pleas made to the unconverted."

In 1915 Bible study was included in the curriculum of the school, with the chaplain as teacher. The next year the board of directors gave formal recognition to the services of the chaplain, not only in a resolution, "that we deeply appreciate his work of love and mercy in visiting the sick and comforting the dying . . . regarding it as a work of supreme importance," but also by increasing his compensation from $15 to $20 per month. The Rev. Dilman Smith, Mr. Thornbrue's successor, was a director at the meeting when this resolution was passed.[2] Mr. Thornbrue resigned several months later, and the hospital was without a chaplain from early in 1917 until October 5, 1918, when Mr. Smith, "who for so many years and so faithfully has served as a member of this [executive] committee," was elected hospital chaplain at a salary of $2,300 per year.[3]

The Reverend Dilman Smith, chaplain for two decades, was a welcome bedside visitor for young and old alike.



Mr. Smith continued as chaplain until his retirement in 1939, serving much of the time as field secretary as well as chaplain. The hospital became almost his complete vocation, and the loyalty, devotion, humility, and gentleness of this Christian man profoundly affected not only those he met, but the spirit of the institution itself.

As early as 1911, the services of a deaconess were authorized, but in May, 1913, none having yet been employed, the Rev. Mr. Thornbrue urgently requested that a deaconess be appointed to assist him. In August Miss Gertrude Barnard was chosen. President of the Board Samson reported in October, 1914, that "our deaconess, in addition to her valued work in the hospital proper, has charge of the admission of patients and gives a helpful ministration that is much appreciated. Our chaplain's services have been of a most helpful character and many have seen the light with his help through a cloud of suffering." In March, 1917, the deaconess had resigned, and although attempts were made to find a successor, apparently no further deaconess appointment ever was made.

However, deaconesses of the First Methodist Church assisted with religious work at the hospital, referring to it needy sick persons they met in their calls in the poorer districts, and assisting with receiving them at the dispensary, according to Miss Isabel McHarg.

The influence of the church was felt in policies of the board. The executive committee decided in 1916 that "patients suffering only from intoxication or acute alcoholism be not admitted for treatment." In 1918 the committee ruled against admission of patients suffering from venereal diseases.

Committee members were disturbed in 1917 by "certain forms of amusement" enjoyed by the class of 1917 of the training school at a graduation party in the home of a medical staff member. The committee, its attention directed toward "dancing, which was made a part of the evening's entertainment" went on record as adopting the rules and discipline of the Methodist Episcopal Church to govern social functions under the hospital sanction.[4] The United States had just entered World War I when this party was held, and the graduates, many of whom served as nurses in the war, were perhaps seeking the new freedom for women that later developed such innovations as low shoes, bobbed hair, shorter skirts, and other "flapper" phenomena. In later years, Miss Florence Wesslund, superintendent of nurses from 1927 to 1943, said, dances were part of the recreation of nurses, in parties usually held at the YWCA, since facilities were lacking at the nurses' home.

The system of getting financial help from the church evolved gradually through the years. Mr. St. Clair was the first field secretary, or, as the position was later called, corresponding secretary. Each secretary served as liaison between the hospital and the con-

ference from which he was appointed and in which he worked. In 1916 the number of secretaries was reduced from four to two. Several had also been directors of the board, the policy of resigning if one obtained employment not yet having been formulated.

The board of directors attempted to develop a more efficient system of obtaining funds from Methodists. In June, 1916, a motion was adopted by the executive committee that no field men be appointed, "with the thought of centralizing our financial system under one secretary." However, a later meeting rescinded this action, appointing two agents. In May, 1917, the board, having heard Bishop Homer C. Stuntz "strongly advise a large representation in the state by field agents stating that he believed the publicity given would be exceedingly valuable even though immediate financial response might not be large," voted to have four agents, but changed their minds again in August.

In 1918, the district superintendents recommended that a special field representative be appointed, one able to persuade persons with money to contribute to hospital support. The board, after consulting with Bishop Stuntz, adopted the suggestion of the district superintendents, and resolved "that for the present at least we discontinue the employment of our field secretaries, assuring them, however, of our due appreciation for the services they have rendered and of our high regard for them personally."

In 1916 the hospital board, together with other Methodist hospitals, had presented a memorial to the General Conference asking that Methodist hospitals be placed among regular benevolences with apportionment to charges. An attempt was also made to ask the annual apportionment by the Iowa conferences of ten cents per member.

Obtaining adequate church support was not easy. One of the complicating factors was unpaid pledges. In October, 1911, "an inventory of our pledges taken in the field by the secretaries . . . [showed] there were unpaid balances totaling $85,023.17. Of course," Treasurer Billingsley commented in the minutes, "there is a considerable portion of this that will never be paid. More than $75,000 of this amount belongs on pledges taken within the past four years." In November, 1919, the board "struck off the books" delinquent pledges totaling $53,738.54, pledges on which nothing had been paid for five years or more.

Iowa Methodists were not only supporting the hospital and the home and foreign mission fields; they also were helping to sustain five colleges within the state: Iowa Wesleyan at Mount Pleasant, Cornell at Mount Vernon, Upper Iowa University at Fayette, Morningside at Sioux City, and Simpson at Indianola, all established before the hospital, and thus, chronologically, at least, possibly considered as having prior claims.

The secretaries' salaries, ranging upwards in 1916 from $2,000 annually each, plus expenses, meant that if the pledges these men received were not paid—as many were not—the hospital was not very much ahead. An unfortunate result of the system was that it placed these good Christian men in the position of competing with each other for results and of feeling the compulsion to make explanations when receipts dropped off. Many of their accomplishments, as the bishop had indicated, could not be assessed in columns of dollars and cents, but with the financial problems of the hospital increasing yearly, there was unintentional pressure to make inventory this way.

Throughout the years, in the groping for a way out, in the much talk and little action for a financial campaign to get the hospital out of debt and able to finance the sorely-needed new buildings and equipment as well as the large amount of free service that had become traditional, there was the feeling that if the right kind of man could be found it would solve the whole problem. The district superintendents in August, 1918, had recommended selection of a man "who shall devote his attentions to a relatively few people who have the money in their possession and can be influenced to contribute . . . and that such man be selected in consultation with Bishop Stuntz." They also recommended that the last Sunday before Thanksgiving each year be designated as Hospital Sunday, with each pastor "required to preach a sermon on that day setting forth the work and needs of the hospital that the people may be led to responsiveness and heartfelt support of the hospital."

Such a "go-getter" was found early in 1919 in the person of L. O. Jones of Lincoln, Nebraska, who agreed to become corresponding secretary at $3,600 per year (a high salary then) plus expenses and other concessions. He outlined a million-dollar campaign shortly after his arrival and told the board of the attempt of Methodist hospitals in the United States to participate in the Centenary campaign to be conducted by the church.

The Centenary campaign also needed the services of the dynamic Mr. Jones, to the extent that the board found it necessary to recall him several months later from the centennial work to the hospital field. The funds from the Centenary campaign did not materialize for Iowa Methodist Hospital; neither did funds from an Interchurch campaign in 1920, when district superintendents failed to "show an interest in getting church members to designate their gifts to the hospital."[5] Nor was the campaign Mr. Jones outlined undertaken.

Mr. Jones succeeded, before he resigned in 1920, in establishing the American White Cross, an organization of the Iowa Methodist Church later extended to the entire Methodist Episcopal Church, that continued until the union of the M. E. Church with the Methodist Church South and the Methodist Protestant Church in May,

1939, created a new system of apportioned support for church institutions. In May, 1920, Mr. Jones reported he had collected $42,250.42 during his employment by the hospital. It was announced in September, 1921, that Mr. Jones had been employed as general secretary of the American White Cross throughout the church.

Plans for the Iowa AWC had been outlined by Mr. Jones at a meeting April 22, 1919. Its membership was to become universal throughout the state on payment of one dollar per year for adults and twenty-five cents for junior members. The Methodist conferences endorsed the AWC plan and recommended the "continuance of apportionment of fifteen cents per member per year." Articles of Incorporation of the American White Cross were filed in November, 1919, with the purpose stated in Article 2: "The general nature of the business transacted is to prevent and combat disease, to minister to the sick, to promote and restore health, to relieve distress, and to render other philanthropic service; and as an aid to these purposes to solicit, receive, and accumulate funds for the use and benefit, less necessary expenses, of the Iowa Methodist Hospital of Des Moines, Iowa, and of other hospitals of the Methodist Episcopal Church and of such other institutions and causes as may be authorized from time to time."

The directors, while not identical to those in the hospital's board, included many duplications, so that, in effect, the AWC was administered by the same body, in later years largely through the agency of Chaplain Smith, financial secretary who also served as secretary to the AWC.

The promising new organization was indeed successful at first, in 1920 having received more than $18,000, and in 1922, just under $16,000. In 1924, however, gross receipts had fallen to $3,400. By this time only two conferences were represented, the other two having transferred support to the recently established Methodist Hospitals in Sioux City and Cedar Rapids; but the reduced income also reflected, according to Chaplain Smith, the failure of the Conference Board of Hospitals and Homes to take an active part in supporting the work. Chaplain Smith expressed the opinion that at least one-fourth of the hundred thousand Methodists of the two conferences should be members of the AWC. "Twenty-five thousand dollars a year will enable the Iowa Methodist Hospital for the present at least to care for all the worthy poor that are recommended for hospital care."[6]

Never again, however, did the AWC obtain the income of its auspicious beginning. A report of 1938 shows that the annual income varied, after 1922, from a low of $1,129.85 in 1935 to a high of $10,403.35 in 1930, with a yearly average of $4,749.53. The total cash contribution through the years was $85,491.55.[7] Inestimable, but also of great importance, was the donation by church

members throughout its history of eggs and canned goods and other supplies. Dollars were short in the depression years, but the hens kept on laying and thrifty housewives kept on putting up apple sauce, tomatoes, and other garden and orchard products, and setting aside some for the hospital kitchen.

When Mr. Hurin resigned as administrator in 1927, the board thought for a time of employing a successor who would also be a minister, thus able to take over the duties of the chaplaincy. With this in mind they discontinued the chaplaincy. However, Mr. Robert A. Nettleton, business manager and a member of the staff since 1918, was made acting superintendent; and when he was appointed administrator in 1928, the board asked for the reappointment by the conference of Chaplain Dilman Smith.

Chaplain Smith in 1923 gave an interesting and typical report on his work: in that year he had had twenty-nine conversions or "reclamations"; had given 700 prayers, read 1,000 passages of Scripture, and conducted twenty-six funerals (not all of those passing away in the hospital, he added). He found his students of Bible in the training school "attentive and ready to receive instruction." Each of the 125 nurses in his classes had been given a copy of the St. John gospel.[8] Church people had contributed that year 19,000 quarts of fruits, jams, and jellies valued at $6,416.44; and eggs, linens, and other supplies valued at $1,679.28. This is not an unusual contribution; it typifies the efforts of church women to aid in the hospital enterprise.

FOOTNOTES

1. Board Minutes, May 9, 1912.
2. *Ibid.*, February 23, 1916.
3. *Ibid.*, October 5, 1918. Mr. Thornbrue died in September, 1921.
4. *Ibid.*, August 8, 1917.
5. Board Minutes, 1919-1922, *passim.*
6. *Ibid.*, October 20, 1924, AWC secretary's annual report.
7. *Ibid.*, October 18, 1938, appended.
8. *Ibid.*, October 16, 1923.

Chapter 7

TRIALS AND ERRORS

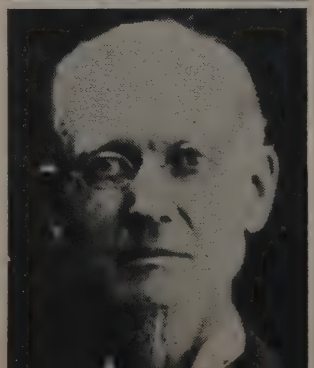
Trials and Errors

WHEN E. D. SAMSON, president of the board of directors, in 1925 made his report on the first quarter century of the hospital's history, he gave tribute to some of those who had played an important part in the development. Among those he mentioned were Mr. Gatchel, called by Mr. Mann the "Intellectual Founder", and Mr. Callanan, the "Financial Founder". Board members singled out for praise included Mr. L. M. Bush, Mr. W. R. Marshall, Mrs. Jackson Beyer, and Mr. W. H. Arnold. Miss Pearson, Miss Bowen, and Miss Schaar also were lauded. He concluded, "We owe, and here wish to express our deep gratitude to our gracious Heavenly Father, the Giver of all good, for the unimagined prosperity with which He has blessed our hospital. It was established and is maintained in His honor, and for the benefit of those who in their sickness and sufferings need our ministrations."[1]

L. M. Mann

From the beginning, much of the administrative detail of the hospital had been handled by the executive committee of the board of directors, and particularly by the president of the board. Between them, two men, L. M. Mann and E. D. Samson, directed the affairs of the hospital for more than half its history.

The hospital administrator in early days was primarily the agent of the board. He gave suggestions, but decisions, even on minor details, were determined largely by the executive



E. D. Samson

committee or referred to standing committees. The modern concept of a board of directors of an institution as a policy-making body evolved only gradually. Ultimately, the advantages of centralized control, the efficiency of decisions arrived at without delay, the possibility of consistency in administration, and the benefits to the morale of personnel from having one head, were apparent, but not at the beginning. It was not, in fact, until the middle 1930's that professional training for hospital administrators was offered in universities.

Mr. Mann, first board president, retired in 1912 after serving eleven years in the capacity either of president or vice president of the board, the latter post making him also chairman of the executive committee. He continued to work with the board following his retirement, attending many of the meetings, and in February, 1915, after he addressed the board on the need for new buildings, he was requested by resolution to "continue his work as consultant and advisory agent to the board of directors."[2]

When Mr. Mann became chairman of the executive committee in 1907, Mr. Samson became president of the board, a post he held consecutively for twenty-one years. On September 5, 1925, the executive committee through Chairman W. E. Tone presented Mr. Samson an embossed Bible, to express "the deep appreciation of the committee for the faithful loyal service" rendered to the hospital. It was at the annual meeting the following month that Mr. Samson gave, in addition to his customary annual report, the summary of the accomplishments of the hospital in the then nearly quarter century of its operation. The resignation of Mr. Samson from the board presidency three years later marked the end of an era.[3] The hospital was entering a period of transition in its policies and government.

Membership in the board of directors went through three phases of change: first, a virtual elimination of women members from the board; second, a tendency to increase the influence of the church by the addition of ministers and the requirement that seven-eighths of the members be Methodists; and third, in recent years, a shift to greater lay participation. Various explanations might be assigned for the changes, but very evident is the desire to obtain greater support for the hospital; at first, by supplanting women with ministers in the attempt to get the churches more active in supporting the institution; this failing, to supplant the ministers, or some of them, by businessmen of the Des Moines community.

All of the administrators in the first decade were women, with supervision of the nursing the major part of their duties. Perhaps the suffragist sympathies of such women as Mrs. Callanan were evident in the original articles of incorporation, which specified

that one-fifth of the directors should be women. When the articles of incorporation were amended and substituted in 1908, this provision was dropped.

The original articles had called for a board membership of not fewer than seven nor more than twenty-five members, with an executive committee of five. For the first board one-fifth were elected for five years, one-fifth each for four, three, two, and one years. At each subsequent annual meeting, one fifth of the board were elected for five years. Each of the four church conferences in Iowa was to elect a director. Of the total board one-fifth were to be ministers, and three-fifths "business men of known capacity and integrity." Two-thirds of the directors were to be members of the Methodist church.

The board places lost to women were assigned largely to ministers. In 1908, the board was enlarged to include thirty-nine members, with twenty-seven chosen at the annual meeting, nine each for one, two, and three-year terms, and nine thereafter annually; the other twelve members were elected by the four English-speaking annual conferences, three to a conference, all to be ministers. It was provided that the full number authorized need not be elected, but the whole number chosen should not be fewer than twenty-one. The executive committee had seven members.[4]

The vacancy caused by the death of Mrs. Blanche Gatchel in 1917 was filled by a man. Mrs. H. S. Hollingsworth was elected in 1922; otherwise, no woman was elected to the board again until 1930, when Mrs. Lafe Collins of Knoxville was chosen. Casper Schenck, chairman of the executive committee for the year 1930-1931, called attention to Mrs. Collins' "excellent service, which suggests the possibility of finding other devoted women who might be of value to the board of directors." But when her term expired in 1933, a man was elected to succeed her, and no woman has served since.

The 1923 revision of the articles of incorporation again reduced the number of board members to twenty-seven, with nine members to be elected annually for three-year terms, three by the Iowa conference, three by the Des Moines conference, and three by the board of directors. "Directors may be either ministers or laymen and either men or women, with the provision that seven-eighths of both the executive committee and the board be Methodists." The support of the Northwest Iowa Conference was now devoted to the new Sioux City Methodist Hospital, and the Upper Iowa Conference had transferred its support to the St. Luke's Methodist Hospital in Cedar Rapids, a hospital established in 1884 which they purchased in 1922.

The 1923 revision also called for an executive committee membership of nine, to be "chosen from the members of the board

residing in or conveniently adjacent to the city of Des Moines." This revision was to insure a quorum at the meetings. It also meant that those directors chosen by the board itself were likely to serve on the executive committee, since the conference-chosen directors usually lived at a distance.

Membership of the executive committee was increased in 1928 to twelve, of whom seven were to be laymen, five ministers, two from the Des Moines conference and two from the Iowa conference. The board thus continued its attempt to get more business men interested in the work of the hospital, and to obtain their counsel in helping to free the hospital of debt. Gardner Cowles, Sr.,[5] was president of the board when this change was made, and T. H. Maytag[6] of Newton was a new member.

It was at the suggestion of the Greater Des Moines Committee, whose help was sought in 1938 when a financial campaign was undertaken, that a further amendment regarding membership was adopted. The new article called for a board of thirty in three equal classes of ten each, six to be nominated by the Hospital Committee of the Iowa-Des Moines annual conference (by this time the two conferences were consolidated) and four to be elected annually by the board of directors, with two-thirds of the members to be Methodists.

The executive committee, it was further decided, would consist of nine, twelve, or fifteen members, the number to be determined at the annual meeting, with two-thirds of these laymen, one-third ministers. As the Greater Des Moines committee was aware, increased lay participation in hospital affairs was essential to the primary goal of the 1920's and 1930's, freeing the hospital from debt.

And so the executive committee of the board gradually evolved to its present ratio of one-third Methodist ministers, one-third Methodist laymen, one-third non-Methodist laymen, successfully integrating that "Methodist zeal", which had stimulated earlier boards, with businesslike and efficient leadership.

A financial campaign to reduce the capital indebtedness was discussed throughout the twenties, but the drive finally undertaken in 1928-1929 was a failure. A period of prosperity beginning in 1920 was short-lived.

The hospital began to figure depreciation on buildings and equipment in the budgets of the early twenties, and a report for 1923 showed a net balance of $20,380.95 after a depreciation of $38,553.29 had been figured. But interest on debts that year amounted to $12,632.44. When the $95,000 remaining on the mortgage held by the Massachusetts Life Insurance Company matured in January, 1921, there were no funds to retire it, and under terms of the agreement, it was renewed at a higher rate of interest.[7] A

mortgage of $40,000 on the north nurses' home, held by the Iowa Loan and Trust company, matured also, in May, 1921, and was renewed by reissue of bonds at seven per cent for five years; but the sale of the bonds was not particularly successful.

Hospital rates were increased from time to time; more careful examination was made of the financial ability of patients for whom free service was requested; entrance requirements to improve collections were changed; an economy program was inaugurated with some reduction of salaries and elimination of employees; more beds were made available: all in the attempt over a period of years to improve the financial picture.[8] The materializing of a number of legacies and annuities helped. But in 1924, Superintendent Hurin reported, "The capital debt of our hospital is decidedly burdensome." He pointed out that the bed capacity of the hospital had been increased to 300 (including bassinets for newborn infants) by the rehabilitation program and rearrangement of room space, but that the average number of patients treated daily was less than two-thirds of capacity. Surgery had declined ten per cent since 1919; one of the chief factors in that decline was the increase in number of rural community hospitals. There were fewer patients from out in the state: sixty-two per cent of the patients were residents of Des Moines, thirty-five per cent from the state outside Des Moines, three per cent from outside the state.[9] The two recently-established Methodist Hospitals in the state also reduced the number of patients who might otherwise have come to Des Moines.

In 1925, the prior mortgage and other indebtedness were refunded and funds were obtained for the heating and laundry plant through a new ten-year loan with the John Hancock Mutual Life Insurance Company of Boston for $250,000 by a mortgage at five and a half per cent.[10] The new payments were $15,000 annually. Only the Potter property was exempted from the new mortgage. To ensure payment, a budget plan was adopted in September, 1925, and the administrator was directed by the board to set aside each month in separate funds one-twelfth of the annual interest and one-twelfth of the principal payment due annually.[11]

The report of President Samson in October, 1925, as the first quarter century of the hospital's history was drawing to a close, showed the hospital assets to be $858,325.67 above all liabilities except approximately $2,500 a year on annuities. The assets included an endowment fund of $79,353.06. He reported the gross indebtedness to be $338,980.24. Other assets of $170,158.13 reduced this to a net indebtedness of $168,822.11.

The lesson on figuring depreciation had been well learned. But figuring it at $26,855.28, a net apparent balance for 1925 of $25,063.15 was changed to a net loss for the year of $1,792.13.

"Fortunately the depreciation did not have to be paid in cash," President Samson commented. "But that it is a very positive factor to be reckoned with we have definitely learned within the past year; as we are now spending probably $75,000 [later learned to be $113,000] to replace useless and worn-out heating and laundry equipment."[12]

Financial troubles continued. In 1927, the executive committee was directed to make a temporary loan of $90,000 to pay off current indebtedness and to enable the hospital to take advantage of discounts in paying bills. Apparently the budget plan for retiring the mortgage was a case of robbing Peter to pay Paul.[13]

In the ensuing plans for a financial campaign it was proposed that Mr. Jones, who had been so successful in his short period of employment by the hospital in 1919-1920, be obtained to conduct a campaign.[14] A saving of up to $15,000 a year on interest and of $10,000 a year on current accounts could be made, it was thought, if the indebtedness were retired.[15] Mr. Jones early in January of 1928 outlined plans for a campaign and reported the proposal of Gardner Cowles, a board member, to be one of four men who would give $25,000. (This offer was later withdrawn "on account of certain objections on the part of the ministers.")[16] The board requested the bishop to call a special meeting of the conference, "to consider the present emergency in the finances of the Iowa Methodist Hospital." It was believed action of the preceding conference precluded the ministers from assisting in such a campaign.

It was a tense meeting of the board, ministers, and "other invited guests," including Bishop Keeney, which occurred on January 17, 1928. The latter explained that special conference sessions are not recognized in the discipline and any action taken would be without legal status. The ministers felt that a campaign for funds for superannuated ministers must take precedence.

Mr. Cowles, saying he did not wish to start anything which might embarrass the ministers, declared he was "firmly of the belief one of three things should be done at once, namely:

"First, give up the hospital if we were not going to stand back of it squarely in a financial way;

"Second, raise the money at once to pay off our indebtedness, thus supporting the present board and executive committee;

"Third, elect a new board comprising such officials of the church as would meet the approval of everyone and who would accept the full responsibility of the operation of our hospital."

The meeting voted, twenty to one, to recommend a program to raise money to clear the hospital of indebtedness. The board of directors then voted twelve to one that the executive committee inaugurate a $325,000 campaign.[17]

The "clean the slate" campaign was outlined January 31 by Mr. Jones. A later proposal by Will, Folsom and Smith of New York to conduct a million-dollar campaign was turned down be-

cause the fee of $25,000 was thought to be too high. Although newspaper and other publicity was developed, the campaign did not produce results, and the board turned its effort toward a refinancing of the loan, to obtain $300,000 through the Prudential Insurance Company with five and a half per cent interest and five per cent annual payment of principal.[18] None of these plans culminated in success.

Mr. Cowles resigned as director, president of the board, and vice chairman of the executive committee. He was succeeded by Mr. Maytag of Newton.[19]

The Rev. Jackson Giddens, former member of the board who had resigned to take employment as field man, reported to the board an apparent opposition to giving, "except with the understanding that the entire indebtedness of the hospital be lifted, saying he had promises of amounts ranging from $10,000 to $25,000 . . . contingent on the entire indebtedness being paid off by a fixed date." The board at his suggestion fixed a deadline for raising the indebtedness. It was to be December 31, 1930.[20]

The situation grew worse. In May, 1929, a dairy account totaled $9,566. This was one of many accounts being "carried" by local merchants. Other efforts were made to refinance the loan and to secure more church support. Mr. Giddens' report to the September conference, a copy of which is filed in the October, 1929, minutes, called attention to the "services rendered to ministers and their families amounting to something like $12,000. This is equal to an income on a pension fund of $240,000 which comes to active and retired ministers alike. We do not believe that the pastors can afford to underestimate this service, which means so much in a time of misfortune. The present outstanding indebtedness including the outstanding bills is approximately $300,000. Our one present need is an honest and sincere campaign to clean up all this indebtedness, save the heavy interest charges, make possible the discounting of bills, and enable the hospital to give a larger service to the sick poor who look to us for such a ministry."[21]

It was too late. The stock market had crashed in October, 1929. Companies were not willing to lend funds at a lower rate of interest. With current accounts months in arrears, totaling well over $100,000, a second mortgage bond issue was authorized on a deed of trust. The bonds did not sell well—none of the several bond issues had ever sold well—even when a rider was attached making them negotiable for payment of any future hospital bill of the holder or members of his family.[22]

When another attempt was made to have a campaign, in 1931, the Greater Des Moines committee advised against it because of business conditions. Bishop Kenney, asked by Mr. Maytag for advice, also was not enthusiastic.[23]

Thus the hospital was to enter another decade with the incubus of debt.

FOOTNOTES

1. Board Minutes, October 26, 1925.
2. Board Minutes, 1908-1913, page 193. Mr. Mann died in 1923.
3. Mr. Samson was elected member emeritus of the executive committee, (Minutes, October 30, 1928.) His death occurred in 1938.
4. Revised and substituted Articles of Incorporation, 1908.
5. Gardner Cowles, Sr., was born February 28, 1861, in a Methodist parsonage, the son of the Rev. and Mrs. William Fletcher Cowles. His boyhood and youth were spent in various Iowa towns, and he attended Penn College at Oskaloosa one year, Grinnell College two years, and was graduated from Iowa Wesleyan in 1882, and received the M.A. degree from the same school in 1885. After two years as superintendent of schools at Algona, he entered newspaper publishing, banking, real estate and other business activity. He purchased the *Des Moines Register,* a small struggling newspaper, in 1903, and together with Harvey Ingham as editor, built it up from a circulation of 14,000 to a large metropolitan newspaper, to which the *Des Moines Tribune* was added in 1908.

   His obituary, published in the *Des Moines Register,* March 1, 1946, the day after his death, records that "In the home of his father, the family lived on a pay-as-you-go basis, with a budget of $1 a week a person for food, clothing, and all necessities . . . His father's administrator could not find a single unpaid debt in the estate." Mr. and Mrs. Cowles established the Gardner Cowles Foundation in 1934, a benevolent trust fund which had distributed at the time of his death nearly a million dollars to educational and charitable institutions in Iowa. *The Des Moines Register* for May 30, 1934, in announcing the creation of the foundation, quotes Mr. Cowles: "Mrs. Cowles and I have lived our entire lives in Iowa and for more than 30 years have resided in Des Moines. We love the state. During the recent years of depression we have been particularly distressed at the difficult times that many very worthy benevolent institutions in Iowa are having. We believe that Iowa people who are able should help these institutions to survive and continue to render their service to the public."
6. T. H. Maytag of Newton was born in Matoon, Illinois, February 24, 1864, and came to Iowa at the age of six. He operated a drug store in Laurel ten years. In 1899 he became associated with his brother, F. L. Maytag, founder of the Maytag Washing Machine Company in Newton. He was active in various work of the Methodist Episcopal church, including membership in the World Service Commission. He died October 6, 1931, following an automobile accident September 10 near Grinnell. (*Des Moines Tribune,* October 6, 1931.)
7. The original contract called for eight per cent interest after maturity, but it is not clear from the records whether the renewal agreement called for this high rate.
8. Board Minutes, 1919-1925, *passim.*
9. *Ibid.,* October 20, 1924, annual report.
10. *Ibid.,* March 27, 1925.
11. *Ibid.,* September 5, 1925.
12. *Ibid.,* October 26, 1925, November 15, 1932.
13. *Ibid.,* October 18, 1927.
14. *Ibid.,* December 28, 1927.
15. *Ibid,* January 5, 1928.
16. *Ibid.,* January 17, 1928.
17. *Ibid.*

18. *Ibid.*, January 16, 1927, and Minutes, 1927-1929, *passim.*
19. *Ibid.*, March 11, 1929.
20. *Ibid.*
21. *Ibid.*, October 15, 1929.
22. *Ibid.*, September 2, 1930.
23. *Ibid.*, January 20, 1931, February 17, 1931.

Chapter 8

TOWARD A NEW FOCUS

Toward a New Focus

IOWA METHODIST Hospital's fourth decade, beginning in 1931, co-incident with the crippling effects of the depression, and ending in 1941, just before World War II, might appear, viewed superficially, to be a period without much accomplished, particularly in contrast to the more tangible advances of the ten-year period which followed.

Yet it was a time of tremendous efforts; in the first few years, efforts directed primarily toward keeping the hospital from going under; toward the end, earnest and wise planning for the results which only recently have been apparent to any but those "on the inside."

It was during these ten years that advance was made, despite almost insuperable economic handicaps, in scientific progress, so that, by the middle of the thirties, the hospital was considered to have "one of the best laboratories in the middlewest." It was in this period that an important factor in putting the hospital on a sound financial basis, the establishment of group hospitalization insurance, developed. It was in this period that the hospital faced realistically its inability to continue, for the time being at least, a free service program that had been both a glorious expression of its Christian purpose and one of the causes contributing to the financial crisis which might easily have closed its doors.

It was a period of decision, of policy making, of study, of seeking counsel. It was marked by sincere efforts to educate both the public in general and those philanthropists who could materially share in the hospital's purpose, that Iowa Methodist Hospital was, indeed, a great charitable institution, dedicated to healing the sick and to the needs of the community.

And it was in the thirties that the hospital began to assume the place in the Des Moines community that it had long sought. Throughout its history the hospital had enjoyed the benefits of civic

and religious leadership on its board of directors, the type of dedicated Christian men and women exemplified first by that intellectual founder, B. M. Gatchel. Without in any way disparaging the splendid services of those directors who selflessly devoted themselves to hospital interests through earlier decades, it was becoming increasingly apparent that more skilled leadership in the management of hospital affairs was needed, and that for the hospital to achieve its destiny in the Des Moines community, it must have a greater number of influential as well as dedicated leaders directing its future.

It was a dark day for the hospital in 1929 when Gardner Cowles, Sr., unable to approve a policy of more and more borrowing, of apparent drifting along without a vigorous attempt to remove the financial burden, resigned as president of the board. In the light of subsequent events, it was far more than a gesture and ultimately may have contributed as greatly toward the saving of the hospital as anything he might have done had he remained—an individual expression perhaps as effective as the opinion on free patient policy expressed many years earlier by Mr. Gatchel and dramatized by his sudden death.

The loss of this influential leadership made emphatic the need for a realistic facing of the problem. And had not the stock market crashed, rendering useless for the time any effort to do anything but keep the hospital doors open, the mortgage might have vanished in flame long before it did.

Another blow to leadership was struck in the first year of the fourth decade in the death, following an automobile accident, of T. H. Maytag[1] of Newton, who had succeeded Mr. Cowles as board president. "In the death of Mr. Maytag . . . Iowa Methodist Hospital has sustained the loss of one of its most valuable friends and counsellors," a resolution of the annual meeting of the board declared. "As president of the Board of Directors and member of its executive committee, Mr. Maytag brought to this institution a rare combination of business judgment, personal leadership and generosity, together with exalted Christian character and ideals, and an uncalculating consecration to the great Kingdom enterprise. He has given unsparingly of his time and energy, his wise counsel and experience—a gift richer than any mere material support. Above all, he has demonstrated once more how valuable a thing financial ability and experience, position and power, may be when dominated by a great Christian character, and wielded by Christian motive and passion."[2]

That there was a continual search for persons of similar ideals and character is evident in the gradual addition to the board membership of others of his stature. The trend reached its climax at the end of the decade when the important financial committee was

Taking part in the ceremony of burning the mortgage in the summer of 1944 were Ralph Jester, chairman of the executive committee, Administrator Robert A. Nettleton, Bishop Charles W. Brashares, and Rolfe Wagner, president of the board of directors. The scene is the hospital medical library, with Dr. Oliver J. Fay's photograph in the background.

composed of Ralph Jester, chairman, B. F. Kauffman, Joseph F. Rosenfield, Rolfe O. Wagner, James W. Hubbell and Fred A. Little.[3]

Fortunately, there was other able and experienced leadership during the difficult depression years. Casper Schenck, vice president when Mr. Maytag died, served as president also, until the election of the Rev. Lloyd Tennant as president and Silas Bolen as vice president, in 1931. These two men had been on the board throughout the twenties, and continued in the important offices through the worst of the depression, through 1934. Paul James, an attorney elected to the board in 1932, became chairman of the executive committee in 1935 and for a number of years expended great energy on behalf of the hospital, offering valuable legal counsel, particularly later at the time of the legal separation of the School of Nursing from the hospital.

There was need throughout the decade for wise counsel. In 1944, when, for the first time since its founding the hospital became solvent, the mortgage was burned, and, in the words of Mr. Jester, "We owe no first mortgage, no second mortgage, no notes payable, and our accounts payable are only the

current bills of the preceding month, all of which are paid by the 10th of the following month"—when, in 1944, this modern miracle had come to pass, the Rev. Levi Goodwin was called upon to say a few words.

He responded, "We can remember the nights in the early thirties when the executive committee sat in the superintendent's office on the edges of their chairs, wondering if we were going to have a hospital the next morning. If anyone had dared to forecast on such a night ten years ago that today we could burn the mortgage and would be free of debt and have accomplished all the things we have—we would have said he was crazy. But now we can look back on those accomplishments, most of which were achieved in the last five or six years. All this was made possible by a good many contributing to that end. I recall when the president [Rolfe O. Wagner] and chairman [of the executive committee, Mr. Jester] and other groups of fine businessmen came on this board. These men have contributed very greatly during these years to the solving of these problems. I think we all feel if credit for those things goes to one man more than any other it should be Ralph Jester, chairman. I recall when he came on this board [October, 1935] the first thing he began to worry about and worry us about was eliminating the debt on this institution. With his fine leadership we have watched this debt go down."[4]

There had been warnings, if they had been recognized, long before the stock market crash. In 1926, the closing of the Iowa Loan and Trust Company, the bank which had acted as trustee for the hospital endowment fund for several years, was one indication.[5] Fortunately, no funds were lost to the hospital. The failure of the 1928-1929 financial campaign was another.

On January 22, 1925, the Rev. W. A. Longnecker of Knoxville, a member of the executive committee, discussed "bank failures throughout the state and the manner in which these bank failures had been reflected in the activity of the church." The Rev. Mr. Longnecker suggested that, "as a protection to the American White Cross, the officers of the White Cross request the church to remit the White Cross receipts promptly, using post office or express money orders."[6]

The depression hit Iowa hard, and early. As a result of the collapse in farm prices, farm income, and land values, many farmers from 1932-1935 were faced with foreclosures. Misfortunes grew worse—agriculture continued to maintain a high level of production, but unemployment on a vast scale resulted in low purchasing power for farm, as well as other, products. The disparity in the prices of farm products and the goods and services purchased by farmers together with the heavy mortgage indebtedness resulted in the ruin of many farmers.[7]

The plight of rural Iowa received national attention in March and April of 1933 when 400 farmers attempted with violence to

halt foreclosure evictions in the Harlan area. Naturally the hospital, in a state dependent on farm income, suffered as Iowa suffered.

One of the immediate results was a decreased number of patients—a drop from 6,390 in 1930, to 6,303 in 1931, 5,620 in 1932, 5,416 in 1933. The following year the trend changed, with a patient load of 5,987, and in 1935, with 6,442, a new maximum for the institution. In 1936 the hospital had 7,142 bed patients, plus 2,626 patients in the recently-established emergency department, and the upward trend was maintained from then on.

Decreased income also resulted, though not directly from effects of the depression, from the gradual shortening of the length of stay in hospitals—from 10.5 days in 1930, to 10.4 in 1931, 9.6 in 1932, 8.8 in 1933 and 1934.[8] Since then the average length of stay has been reduced very gradually, until in 1950, it reached 7.8 days, lower than the national average of eight days for voluntary non-profit hospitals.[9]

Improved medical skill and hospital techniques were largely responsible for this change although during depression years doctors may have shortened the patients' stay to a minimum out of consideration for their financial status. Improved nursing during these years because of the employment of more graduate nurses probably contributed also.

As the decreased number of patients would indicate, the years of 1933 and 1934 were the worst of the depression in their effect on the hospital. It was in 1933 that the board, with many creditors and few resources to pay them, examined the endowment fund, which had been built up by November, 1932, to $106,368.74. They discovered that some of the funds included non-designated bequests, and receipts from hospital accounts that had been diverted to the endowment fund. In all, more than $40,000 including liberty bonds, war saving stamps, et cetera, given to the hospital in payment of bills, was found to be not limited to endowment use, and therefore could be used for general fund purposes. On a roll call the executive committee voted unanimously to transfer securities not to exceed $25,000 from the endowment fund to be used for accounts payable of the hospital. Later $6,000 more was withdrawn, leaving the remainder as a safety valve to cover possible endowment investment depreciation (property values were rapidly declining). The sum thus derived was pro-rated to creditors.[10]

In order to obtain cash to keep going—creditors also were hard-pressed and could not afford to carry the hospital so long as formerly—the hospital had to dispose of a number of properties at a considerable loss. The minutes record a number of home properties in Des Moines selling for as little as $800 to $1,000. One young man was able to buy a home from Iowa Methodist Hospital for $1,000, with no down payment, and terms of $15 a month which included six and a half per cent interest payments.

The hospital reluctantly refused a gift of a plot of South Dakota land because no rental income could be expected, and there was no income to pay the annual taxes of $39.19. Another parcel of land, 440 acres in Canada, was left to the hospital among other property by Larkin Holmes with the direction that the land be sold, the proceeds turned over to the hospital with the rest of the estate. The land, valued for taxation purposes at $6,000, sold for $800.[11]

In September, 1931, after a comparative study of payrolls of ten other Midwest hospitals, the hospital curtailed expenses by a ten per cent payroll reduction. Hospital bed rates at that time were $3 per day for four-bed wards, $3.50 for semi-private rooms, and from $4 to $8 for private rooms, most of such rooms being available at $4 or $5.

Despite the reduced income and operation at a loss—approximately $4,000 in 1931—free work had continued. Although gifts for free work amounted only to $8,829.19 that year, the service to free patients totaled $12,565.99, and service rendered at less than per diem cost totaled $20,321.85.

Changed policy on free work was inevitable. Bishop Frederick D. Leete, writing to Superintendent Nettleton October 27, 1932, after receiving the annual hospital report, declared, "Free service ought never to be given unless positively necessary . . . We have no right to give away what we do not have . . . The best service rendered as economically as possible and with real Christian culture is the rule of success wherever we have achieved this, and the reverse is the cause of many misfortunes in the hospital business."

A fraternal fund to help defray the hospitalization expenses of ministers and their families had been inaugurated, in the beginning each minister paying $10 annually to the fund. Since not all ministers were able to contribute equally, this plan was soon modified with a sliding scale of contributions according to ability to pay—$20 annually for those with salaries above $2,000, $15 for those with salaries of more than $1500, and $10 for those below $1500. The plan was formulated by the conference hospitals committee and adopted by conference vote, with the provision that if ministers did not contribute, they must pay 75% of their room rate should they need hospitalization. It was necessary to adjust these rates in 1935 to provide greater income. Free service was continued without payment to those retired ministers limited to conference annuity income.[12]

In 1936, a report on free services covering a ten-year period showed the hospital had given $138,658; however, gifts for free service, including those to the endowment fund, all food gifts, American White Cross offerings, and bequests, totaled only $125,-168.

More careful screening of those cared for by the AWC had been initiated through use of an AWC blank, devised to ascertain the greatest need. A considerable burden was being lifted from the

hospital by the development of county and state facilities for care of the indigent. Up to 1935 the social service department of Broadlawns (Polk County) Hospital had diverted cases to each of the private hospitals; the patients paid a small fee to the hospitals and were assigned to the care of interns under the supervision of staff members. This arrangement, advantageous to the medical education program of the hospital because it provided varied experience for interns, did entail a considerable financial sacrifice. In 1936 and thereafter many such cases were sent instead to the state university hospitals at Iowa City.[13]

The nursing staff and training school also were affected by the economic depression. In 1931 there were 138 students. Beginning in September of that year, students paid an enrollment fee of $75, instead of the previous $25. Monthly allowances were discontinued. No class was admitted in January, 1932. Despite these changes, the number of applications for entrance far exceeded those of previous years.[14]

By 1932 there seemed to be too many nurses. In that year forty per cent more nurses were admitted by examination in Iowa than the previous year; one of every eighteen women wage earners was a nurse, and there was a nurse available for every seventy-two families in the state.

The graduate nurse was faced with unemployment, with the situation particularly acute in the cities, where she liked to remain. In Des Moines she was waiting, on an average, from six to eight weeks between patients, finding it impossible to make expenses.

The training school management faced the question: should it continue graduating large groups of nurses and add to the oversupply? or should it admit smaller groups and employ graduate nurses to care for the patients, thus relieving the students from classes and giving the patients better service?

The solution for the problem at Iowa Methodist Hospital was to reduce classes and to employ graduate alumnae by giving board and laundry in return for four hours nursing service daily, and room, board, and laundry for six hours service. The nurses thus employed retained their places on the registry and were free to answer private duty calls at any time. This proved a satisfactory arrangement for both hospital and graduates.[15]

By 1933 the number of students had dropped to eighty, and in 1935, to seventy-six. But in 1935, because private duty nursing hours had been reduced to eight, graduate nurses were called more frequently to private duty, and the maintenance plan of employing nurses was no longer mutually feasible. The number of students had increased to ninety-four by 1937.[16]

Although the emergency room established in 1933 was not an outgrowth of depression conditions, it shortly was performing services beneficial not only to the community as a whole, but also to individuals who were unable to pay for care. When plans for

the service were discussed, Superintendent Nettleton explained that the room, to be established on the first floor of the east building, opposite the elevator, would facilitate treatment of emergency patients who might otherwise be delayed because of congested downtown traffic if they went to their doctors' offices.[17] Here patients too ill to wait their turn in a doctor's office, or patients who were ill, needed care, but had no doctor, could come and get immediate attention. Here they might be examined (two doctors could work at once in the room) and recommendations for hospitalization or further treatment instituted. Patients who had no doctor were seen by the house staff and referred to a doctor of whatever service was indicated.

The one-room department then used for emergency included an examining table, chairs, and nurse's desk. Miss Pauline Ferreus, a graduate of the class of 1927, was made supervisor.

When, shortly after the emergency department was established, the Polk County Medical Society set up a new board to review applications of Polk County residents for admittance to the University Hospitals at Iowa City at state expense, the hospital offered its services to the society. Here three days a week some members of the board committee, which was comprised of twenty-two members, a chairman and a co-chairman, sat to review the symptoms, to make recommendations based on diagnosis on forms supplied by the University Hospitals Admitting Department. The patients accepted by the University Hospitals were then called to Iowa City for diagnosis, treatment, and necessary care. During 1934, the first year of its operation, the commitment board sent 671 recommendations to the University Hospital. The number fluctuated and diminished through the waning of the depression until in 1942 only 450 applications were made to the board. Only those of value as teaching material or those requiring specialized care not available in Des Moines hospitals are accepted.

Meanwhile, the emergency department proved its value in caring for injuries promptly and carefully by the hospital staff or the patient's private physician. Several industrial plants sent their injured to be cared for under the Workmen's Compensation Act. The department relieved the surgical department by handling many minor surgeries and accidents not involving treatment too complicated to be thus cared for adequately.

Another development that compensated to the community for the essential curtailment of free service during the depression years was the establishment in the late thirties of an obstetrical clinic. To this clinic came women who desired competent care but were unable to pay the entire cost. Under the supervision of an obstetrical doctor from the staff, intern and resident doctors gave prenatal care and examinations, delivered the babies, and gave six weeks post-natal care and examinations. Such patients paid a flat rate for use of the delivery rooms and hospital care for the ten

days following delivery, but the service of the doctor was given without charge. The obstetrical clinic in the emergency department was discontinued in 1942 when the financial status of patients was generally improved and adequate care could be obtained from private physicians.

The emergency room found a further purpose in 1939, when in April the Planned Parenthood League of Iowa started holding its clinics at Iowa Methodist Hospital. It undertook a four point program of conception control, treatment of infertility, education for marriage and parenthood, and research in human reproduction, the clinic concerning itself with the first three. The clinic continues to offer medically-approved information to those wives who want to have babies they can rear in health and security, and who cannot afford the services of a private physician. To Methodist Hospital, chosen because of its central location and good facilities, 314 women came for this service in the first year.[18]

Chaplain Dilman Smith, who in his many years of service as the hospital's spiritual mentor had been intimately connected with all phases of its life, felt there were compensating factors in the hardships of the depression. He was moved when he gave his annual report in 1932, by the "equalizing adjustment that does not seem possible in so short a time." It was hard for hospital officials to have to turn down many of the requests for obviously-needed help. "People seem no longer to hesitate or show any embarrassment when coming into the lobby of the hospital. While there is no indication of forwardness or undue aggressiveness, there is a very fine indication of people who have a need or a hurt in their lives and who wish to have some counsel where they may be permitted to express themselves; and while help is not always at hand, and many things have to be denied their requests, the fact still remains that even being denied or crossed does not irritate or aggravate, but in every way seems to draw them just a little closer to those who they know are their friends."

Disheartened board members and hospital officials, weighed down by their financial problems, must have been touched with the spiritual significance of their work, as they heard Dilman Smith, nearing the end of his institutional ministry, declare,

"I wish to express a very definite conviction as to the attitude the Iowa Methodist Hospital holds in the minds of the ministers and the churches—and that is that this institution never had a safer, better grip on the good will and love of the people than it has now; and while all our hospitals everywhere are struggling with problems that make it almost impossible to keep going in many instances, yet the call comes from everywhere—Hold steady with the Hospitals. Make them a great integral part of our work in the Kingdom! For there is a means of expressing human sympathy and helpfulness through the channels of the hospital that cannot be obtained by any other form of Christian relationship . . .

While other things come and go and change with the changing orders, hospitals must go straight down through the channel of humanity, picking up the hurt and the disabled and the disqualified, and giving them new inspiration and new hope, and pointing with the fingers of faith to higher things, bringing them into line again in the places where time and destiny have resolved that they should serve. May God bless our hospitals—should be the prayer of every heart!"[19]

There are those who will believe that God did indeed answer the many prayers lifted for the hospital. A plan was developed through the thirties that eventually was to make a tremendous difference, not only to the hospitals, but also to the patients and their families.

The plan was first brought to the attention of Iowa Methodist Hospital by Superintendent Nettleton at the same annual meeting where Chaplain Smith had given his inspiring message. Describing "a plan in operation in several large southern cities which is called Group Hospitalization Insurance," Mr. Nettleton commented, "There is just a suggestion that we might profit by investigating these various plans." By the following March, the American City Bureau was trying to interest three hospitals in Des Moines—Iowa Lutheran, Mercy, and Iowa Methodist—in a project. "They believe 18,000 subscriptions could be sold in this city."[20]

It was not until 1938, however, that a non-profit organization, operated for the benefit of the policy holders, and approved by the Polk County Medical Society, was developed under the sanction of the hospitals and in conformance with standards of the American Hospital Association. The monthly premium in 1938 was $2, which purchased insurance which covered all hospital charges except X-ray for the employee, his wife and children.[21]

In November, 1939, the hospital entered a contract with Iowa Hospital Service Incorporated. By October, 1941, Superintendent Nettleton reported "group hospitalization has greatly increased the load on hospitals . . . Many people did not come to institutions such as ours in the past because of lack of funds." By 1944, receipts from Blue Cross averaged $3,600 monthly. Today, 38% of the patients admitted to Iowa Methodist Hospital are covered by some form of hospitalization insurance, a factor which cannot be ignored in the improved financial condition of Iowa Methodist as well as other hospitals.

Both Will, Folsom and Smith of New York and Ketchum, Inc., professional fund-raising firms, proposed to make financial campaigns for the hospital in 1932. Neither proposal was accepted.[22] In 1935, the board successfully negotiated a two-year extension on its mortgage with the John Hancock Life Insurance Company with reduced interest of four per cent. The indebtedness in 1935 totaled $256,000; in the thirteen years preceding, the hospital had paid $153,429.38 in interest on mortgages and notes. The annual inter-

est reduction represented a savings of about $3,100; interest had also been reduced on other indebtedness. A fifteen year refinancing of the Hancock mortgage was arranged by the following February. The plan called for payment of $2,000 on the principal the second year, and $3,000 annually thereafter, with the option of making larger payments. The interest rate was to be four per cent until 1941, four and a half per cent thereafter.[23] Hospital indebtedness by 1937 had been reduced to $244,312.

In 1938 the board accepted the proposition of Will, Folsom and Smith to put on a campaign, both to wipe out the debt and to finance a new south wing. Dr. Newton E. Davis, executive secretary of the Methodist Board of Hospitals and Homes, urged the employment of a professional firm, although it was the plan originally to have the campaign conducted by Mr. William H. Wiseman, a member of the board who had been active in developing publicity for the hospital. Mr. Wiseman, whose newspaper experience included employment on the *Des Moines Capitol News,* was vice president and advertising manager of Armand and Company, and during his residence in Des Moines was active in Grace Methodist Church work. It was he who established the *Hospital News,* the quarterly news publication which is sent to hospital friends throughout the state. One of the first to be aware of the need for telling the hospital story to the community, he devoted many hours selflessly to this end. There was an understandable reluctance on the part of board members to substitute outside leadership of which they were not sure when they had confidence in Mr. Wiseman's ability and devotion to the cause. But the reputation of the New York firm was good, and its success in other cities was told in glowing terms.

The south wing was decided on in preference to a "tower hospital" over the Central building site, because the construction could be carried on without interruption to the work of the hospital. Tentative plans for the wing were drawn up.

Although everything seemed propitious, the campaign was a dismal failure. The goal was $500,000 for a campaign to last from November 15, 1937, to March 7, 1938. The fund-raising firm made a fixed charge of $15,000 and general campaign expenses. Should the campaign result in less than $300,000 subscription, the firm would pay $4,000 to the fund.[24]

The campaign was endorsed by the Greater Des Moines committee, with the suggestion that a Building and Finance committee of five be appointed; and that if the entire $500,000 were not subscribed, that the committee should have full power and authority to determine the nature and extent of improvements; that twenty per cent of all the amount realized should be applied to the debt; and that no contract for new building and its equipment should be let for an amount in excess of the cash on hand or sound pledges. The committee appointed by the board included B. F. Kauffman,

Joseph Rosenfield, Fred A. Little, Rolfe Wagner, and Ralph Jester. By May 17, 1938, well after the campaign's original deadline, only $125,000 had been pledged, and the sources seemed exhausted. In July it was decided that further efforts would be posponed, until the board could be enlarged to "make it more truly representative of the community."

John R. Ellington, the professional fund-raiser who conducted the campaign, believed its failure was due to the fact that no outright substantial gift was made. Somehow, the persons able to make such gifts had not been made aware of the need. "In the long run," Mr. Ellington declared, "Methodist Hospital, if it is not to stagnate as an institution, must get money for new buildings from the Des Moines public in gifts and bequests, or from the local government. The Methodist church cannot provide the large sums needed. It is absurd to suppose that outside philanthropy will provide hospital protection for the well-to-do people of Des Moines. The experience of the last six months indicates that a long course of systematic public education is indispensable if well-to-do private citizens are to be trained to give to the hospital. They must be taught the real nature of a community hospital's organization, of its financial setup, and of the constantly evolving services." As means to accomplish such a public education program he cited the personal efforts of board members, well-publicized annual reports stressing the services and nature of a community hospital, a non-denominational volunteer women's group, publicity through newspapers, radio, and other media, and contacts with civic organizations.

He concluded, "The whole purpose of an educational program is to make the community realize its responsibility for its community hospitals and to make the community hospitals worthy of the public support. The hospitals of Des Moines and the public alike have suffered from the public's complete ignorance of the true nature of Iowa Methodist and other hospitals. The sooner Iowa Methodist launches a systematic program of education, the sooner it will get the gifts and bequests needed for building and equipment."[25]

The campaign failure increased the hospital indebtedness about $30,000 over 1937. In November, 1938, letters were sent to persons who had paid cash on their pledges (only $2,500 had been received) announcing they might withdraw the funds, or, if they wished, leave the money until it was decided what to do about continuing the campaign.

Several immediate needs faced the hospital, the most urgent being the enlargement of the overcrowded and inadequate pediatrics department, and the modernizing of the X-ray department. Other demands were for more facilities for the nursing school, development of a medical library to meet the requirements for

intern training of the American Medical Association, new hospital beds, and funds to pay second mortgage bonds maturing July 1, 1940, totaling $20,800.[26] It was decided in May, 1940, to appoint a special committee to set up a campaign for $30,000—$4,000 for new beds, $5,200 for alterations, and $20,800 for second mortgage bonds. A group of business men, instigated by Dr. Burcham, Mr. Jester, and others, meanwhile raised $20,000 for the badly needed X-ray equipment, vital for the treatment of deep-seated malignancies.

Mr. Wagner started the campaign to pay off the second mortgage bonds with a $2,000 pledge from the Henry Wagner family. Within a short time all the necessary funds had been raised except the money for beds, which the churches were asked to furnish.[27] To Mr. Wagner, the board members directed a letter of appreciation for his work as chairman of the successful drive. By January, 1941, funds had been received for twenty new beds, and more were subscribed later.

Thus it was demonstrated that individual efforts of board members and hospital officials could be more effective than the professional efforts of outsiders. It was a costly lesson, but a profitable one, that there is no substitute for the hard work of members of the community, pressing toward an immediate goal, even though the results were less spectacular than those contemplated for a new hospital wing.

And the experience was to prove valuable when next the hospital campaigned, successfully at last, for funds.

FOOTNOTES

1. For biographical information on Mr. Maytag, see footnote 6, chapter VII.
2. Board Minutes, October 20, 1931.
3. *Ibid.*, October 15, 1940. Death interrupted the services of two of this committee; the others are still active in promoting the hospital work. Rooms in the new south wing are memorials to the late Fred A. Little and B. F. Kauffman, by action of their fellow directors.
4. *Ibid.*, October 17, 1944.
5. *Ibid.*, December 21, 1926.
6. *Ibid.*, January 22, 1925.
7. "Agricultural Economics," *Encyclopedia Brittanica,* 1949, Vol. 1.
8. Board Minutes, 1930-1936, *passim.*
9. Iowa Methodist Hospital Annual Report, 1950; *Hospital,* June, 1950, Part II, The Journal of the American Hospital Association, p. 13.
10. Board Minutes, August 15, August 22, 1933.
11. *Ibid.*, November 17, 1931.
12. *Ibid.*, May 21, 1935.
13. *Ibid.*, October 20, 1936.
14. *Ibid.*, October 20, 1931.
15. *Ibid.*, October 18, 1932.
16. *Ibid.*, 1933-1938, *passim.*
17. *Ibid.*, December 19, 1933.
18. Memorandum on emergency room prepared by Mrs. Pearl Figge, supervisor, 1951.
19. Board Minutes, October 18, 1932.
20. *Ibid.*, March 7, 1933.
21. *Ibid.*, October 18, 1942.
22. *Ibid.*, March 15, September 8, 1932.
23. *Ibid.*, February 11, 1936, and 1933-1936, *passim.*
24. *Ibid.*, November 4, 1937.
25. *Ibid.*, July 14, 1938.
26. *Ibid.*, 1938-1942, *passim.*
27. *Ibid.*, December 17, 1940. Rolfe Wagner, son of the late Henry Wagner, Ankeny farmer and banker, like his father is an influential Methodist lay leader. Rolfe Wagner succeeded his father to the presidencies of both the Ankeny Bank and the Capital City State Bank in Des Moines. He has served as president of the board of directors of Iowa Methodist Hospital from 1935 to the present time. He has been a board member since 1930.

Chapter 9

THE FLOWER BLOSSOMS

The Flower Blossoms

THE LAST ten years of Iowa Methodist Hospital have been marked by almost incredible changes and improvements. Two splendid new structures, the Raymond Blank Memorial Hospital for Children, and the new $1,720,000 south wing, have been built, increasing the net worth of the hospital to $4,750,000.

All debt except for current accounts has been removed. The south nurses' home is restored. The school of nursing is recognized in the top twenty-five per cent of such schools in the United States. A medical teaching program has been established for graduate training of doctors. Research by medical staff members has begun and may well function as an important phase of the future hospital program. Laboratories and services are completely modernized. Provision has been made for psychiatric treatment. The medical library is approved by the American Medical Library Association.

Perhaps most significant of all, as Iowa Methodist Hospital, revitalized and expanding, demonstrates its dedication to the Des Moines community, so the community has responded by giving the hospital its support. There have been funds for new buildings, for new equipment, and, in a limited way, for service to the needy. There has been generous personal service on the board of directors; and during the critical period of World War II, volunteer hospital work, as women of the community worked as nurses' aides, as gray ladies of the American Red Cross, as assistants to the dietitians. Men, too, volunteered their services at a time when the hospital was understaffed. And many women since have contributed helpfully to the program for children at Raymond Blank Hospital: all services that could never be evaluated in a monetary sense.

Through its contributions and services, the community has a new understanding of the purposes and problems of a community

hospital. With this appreciation, there seems no limit to the enriched service which Iowa Methodist Hospital can offer to the people.

As everyone concerned realized for a long time, there could be no real forward step until the capital debt was removed. Several factors contributed to this achievement: the most important was the determination of board members and hospital officials that it should be done.

On October 20, 1942, the board set a goal for itself of paying off the mortgage three years from the date.[1] But it was in less than two years that the deed was accomplished![2]

By October 21, 1941, the indebtedness was down to $191,000. Regular payments on capital were made throughout the ensuing year, when a goal of $2,500 a month was exceeded.

The next step was taken late in 1942 when the mortgage was finally refinanced, reducing the interest from four and a half per cent to four per cent. This was accomplished through the Iowa-Des Moines National Bank and Trust Company and a group of associated banks, which loaned $110,000 to pay off the remainder due to the John Hancock Company.[3] By the following April, the indebtedness was just over $100,000—a reduction of $100,000 in two years! By October, 1943,[4] only $65,000 remained—$200,000 had been paid in five years, whereas during the previous twelve years, only $70,000 had been paid off. The final payment was made on June 10, 1944. The ceremony of burning the mortgage was conducted by Mr. Jester, Mr. Wagner, Bishop Charles W. Brashares and Mr. Nettleton.

World War II contributed to this achievement. The population increased because of war industries. Many doctors went into military service, and those remaining were so busy that patients were often hospitalized instead of having home treatment. Frequently such patients were unable to get home nursing care; many housewives were in essential war work, and practical nurses and maids could not be found. Sometimes patients from small towns without doctors came to the hospital to get medical care. Thus the hospital was operating at capacity, usually with a backlog of patients waiting to get in, throughout the war. Patients also were better able to pay for hospital services, both because of better income and the great increase in group hospitalization insurance. Patients who had foregone hospital treatment for years during the depression were now able to afford it. Collections were excellent, and the hospital income increased.

Another factor was the governmental restriction on purchase of goods needed in the war effort. Equipment replacements that ordinarily would have been made as routine were not available. Thus money could be saved or used for debts.

Still another factor was the policy established by the board of directors even before the war that new equipment should not be

purchased until the money was in sight to pay for it. Determined to avoid future indebtedness, the hospital board developed a rigorous pay-as-you-go plan, a policy including the new expansion program.

Two great new principles were thus enunciated during the later years of Iowa Methodist Hospital—that voiced by Bishop Leete in the depression, to the effect that "You can't give away what you haven't got," and that developed by the board to the effect that "You shouldn't buy until the money is in sight to pay for it."[5] In the words of Mr. Jester, "We should buy these needed articles in the order of their importance—when we have the money to pay for them."[6]

Although World War II had contributed to the freedom from debt, the period was a difficult one for the hospital administration and staff. The hospital was crowded and understaffed; there were constant problems of obtaining materials and supplies. Attempts to get governmental help in meeting the acute situations resulting from the war were often hampered by red tape, delays, indecision.

Robert A. Nettleton

One man, more than any other, bore the brunt of the exhausting problems. He was Robert A. Nettleton, who had joined the hospital as an accountant in 1918, and became the acting administrator in 1927, and the administrator in 1928. Mr. Nettleton resigned in 1947, after nearly three decades of continuous hospital service.[7] Shortly before, on the occasion of his twentieth anniversary as administrator, William H. Wiseman expressed the sentiments of his fellow directors in a tribute to Mr. Nettleton.[8]

Said Mr. Wiseman, "We have received a report of a man who has been giving them to us for the past twenty years and merely placed it on file. That is not enough. The first week Bob was superintendent here, the patient number on the admission book was 85,000. This morning it was 234,246 [this figure includes out-patients]—150,000 increase in the figures in twenty years—which will give you some idea of the responsibility a man must have who takes charge of such a hospital. He is preparing to take care of something like 15,000 to 20,000 a year in the not far distant future.

"The medical staff was composed of 125 members in 1926—now they have 180. The capital debt was $337,000. The interest we paid on the debt twenty years ago was $15,000 a year—and now it is nothing. The current debt was $85,000—today it is $35,000. The payroll was $108,000 a year as against $393,000 now. There were 109 employees as against 365 today. The daily admissions to the hospital twenty years ago were fourteen—while an average of thirty-seven patients are admitted each day now. The average hospital stay twenty years ago was twelve and a half days and today it is eight—cut one-third. This is a record of which anyone might be proud."

The Rev. Walter Briggs added to the testimony, "This hospital is among the finest in the country, and one of the reasons it is is due to its administration. Your administrator stands second to none in this field. It takes a man of ability to serve effectively as a hospital administrator—to get along with the general public, with the doctors, the employees, and the patients. There is no other institution in existence that has so many details."[9]

Among the many details which Mr. Nettleton had to manage during the war was that of furnishing adequate personnel. The "preparedness program" of 1940 already showed the need for training more nurses, just eight years after the time when hospital leaders were convinced there was an oversupply. But to train more nurses the school needed "more and better dormitories, more and better classrooms."[10] The need for the classrooms had been urgent for some time.

"Many times," Mr. Nettleton reported in 1939,[11] "it is necessary for the teachers to conduct two classes at the same time in the same room, and under the present arrangement it is well nigh impossible for the teachers to make themselves heard. It soon resolves itself into a race as to who can talk loudest." He urged the restoration of the south nurses' home for classrooms, teaching laboratories and a gymnasium, to meet the new standards for physical equipment being set up by the National League of Nursing Education.

A temporary arrangement for classroom facilities was made when the National Bible Institute (the deaconess school) closed in 1931, and the hospital was able to rent its classrooms. For some years also laboratories in the Des Moines Technical School (before it was converted for its present use as a vocational school) had been used for science and dietetics classes. These were no longer available, and, because of the distance from the hospital, had never been very convenient.[12] The one-time deaconess school, Esther Hall, was now serving as a dormitory for young employed women, and needed all its space to provide facilities for the many young women who were coming to Des Moines to take war industry jobs. The hospital could no longer count on these facilities.

To prepare more nurses and cooperate with the government in the Nurses Cadet Corps program, more space was imperative.

Before the United States entered the war, the Seventy-seventh Congress had passed the Lanham Act, providing funds for the acquisition and equipment of public works made necessary by the defense program. Hospitals were included among the defense public facilities necessary for carrying on "community life substantially expanded by the national defense program."[13] The act provided $150,000,000 for loans or grants to public and private agencies for public works and equipment.

The hospital was first apprised of the opportunity in the Lanham Act by a letter July 31, 1941, from Schmidt, Garden and Erikson of Chicago, a firm of architects which had consulted with the hospital in regard to future building. The finance committee, (Mr. Rosenfield, Mr. Little, Mr. Wagner, Mr. Jester, Mr. Wiseman) and the administrator decided that it was a sound idea to ask the Federal Works Agency for a grant for the erection of a new 100-bed wing and an addition to the north nurses' home. The Greater Des Moines Committee and prominent business leaders endorsed the project and aided in the attempt.[14]

The Des Moines defense area, a brochure prepared by Mr. Wiseman showed, included Story, Dallas, Boone, Jasper, and Polk counties with a total of 314,000 population and only 851 available adult beds. According to standards recommended by the United States Public Health department, there should be four and five-tenths beds per 1,000 population. The munitions plant built in the area, it was felt, made it even more imperative that more beds be supplied because of its hazards, and the possibility of a catastrophe.

Meanwhile, the other hospitals in Des Moines were also seeking ways to add to their facilities, and made application under the Lanham Act. For Iowa Methodist Hospital, Mr. Nettleton and others, including especially Fred Little, B. F. Kauffman, and Paul James, wrote many letters, prepared reports, and traveled to Chicago, Washington, and elsewhere in the attempt to get the needed grant. They enlisted the aid of their representatives, Senator Clyde Herring and Representative Paul Cunningham, as well as that of other governmental officials and influential persons.[15]

Although the original Lanham Act appropriation was soon exhausted, it was felt that the hospital still had a chance when later appropriations were made. Requests were modified, but Iowa Methodist Hospital did not receive the government grant for a new wing. Broadlawns Hospital did receive a grant to complete its new wing. Perhaps, had the private hospitals been interested in small additions—a 30-bed wing for Iowa Methodist, it was rumored, would get government approval—they too, might have shared. But a small wing, it was realized, would be uneconomical to operate. This had been demonstrated at Iowa Methodist by the west wing, wherein the nursing stations could serve so few pa-

Pre-clinical student nurses are welcomed to their new residence in the south nurses' home by upper-class students.

tients at one time. Some persons believed that an addition to Broadlawns Hospital would not answer the Des Moines defense area problem, since it would care only for indigent patients, and the increased population caused by war industries was for the most part well able to pay for its hospitalization.

When the efforts to get federal help with a new wing and an addition to the north nurses' home appeared unavailing, (it was not, Mr. Jester reported to the annual meeting October 20, 1942, "from lack of strenuous effort and pulling every string we knew how to pull,") the board turned its efforts toward getting help in restoring the south nurses' home to usefulness. This application to the Federal Works Agency was approved with a grant of $33,000 for the purpose.[16] Since the government grant was to the Iowa Methodist Hospital School of Nursing the title to the south home was formally transferred to the school to comply with government terms.[17] The Kucharo Construction Company's low bid of $43,280 for the remodeling was accepted.[18]

Because the old nurses' home had been used for storage and shops, it became necessary to provide a new shop and warehouse.[19] The two-story shop structure was built on contract without bids by the Neumann Company, at a cost of $13,000. The 24 by 80-foot building was connected to the main hospital by a tunnel.

A campaign was undertaken to raise $40,000 to pay the hospital's share for the remodeling, to pay for the shop building, and for the expense of landscaping the Raymond Blank Memorial Hospital for Children. This involved widening of Pleasant Street, laying a sidewalk, building a road to Blank Hospital, making a parking lot on the Potter property, and other incidental expenses of the new building program.[20]

Obtaining the money to widen Pleasant Street was probably the least of the problems involved in completing this much-needed improvement. As early as 1933, directors had begun negotiations to get the street widened. The city was willing to help and Mayor John MacVicar personally interested himself in the project, as did other city officials. However, it was necessary to obtain contributions of land from property owners on both sides of the street. Most were

willing, but many negotiations were undertaken before all agreed. This delay also entailed delay in razing the Potter property and building of the parking lot. None more than the directors who worked for so long a time to get Pleasant Street widened appreciate the present wide street and the parking lot with space ample for the hundreds of cars which are driven daily to the hospital.

The financial campaign was over-subscribed, to a total of $47,419, and again the credit was given to Mr. Wagner, who was chairman of the drive.[21] The total cost of the shops building, and remodeling and furnishing the south nurses' home, was $73,279.09, and the Blank Hospital grounds project cost $6,700—so there was a balance of $439.91 after the improvements had been made.[22]

The remodeled nurses' home furnished a suite for a matron and living quarters for forty-eight nurses; the first and second floors were converted into classrooms and laboratories.[23] The facilities included a kitchenette on each floor and a laundry on the ground floor; a library of 500 books; and an auditorium for meetings and larger classes, equipped with eight beds for teaching the nursing arts.

The new science laboratory had six desks, accommodating twenty-four students. It was equipped for both inorganic chemistry and biochemistry classes, and used also for anatomy, physiology, and microbiology. A nutrition laboratory also had six desks for twenty-four students.[24]

In 1943 the hospital was awarded $67,000 to instruct nurses in the Nurse Cadet Corps.[25] Under the Bolton Bill, sponsored by Congresswoman Frances P. Bolton, cadets received full maintenance, uniforms, books, and a monthly stipend. In return, the students pledged themselves for essential service for the duration of the war and six months afterwards.[26] The stipends were $15 a month for the first nine months, $20 monthly for the following twenty-one months. If they remained at the hospital for the last six months, the $30 a month stipend was to be paid by the hospital. The allowance was $1300 per student for the thirty months in training.

At the end of the thirty months, the cadet nurse was available for call by the government to army or navy hospitals for the last six months of her course.

Although the grant was considered a great help, it was not without its problems. More instructors had to be employed for the larger student body and the accelerated teaching program. Busy doctors who formerly had assisted in teaching the students no longer had the time to help. And the possible calling away of the student for the last six months of the training period meant the hospital might lose her services at the time when she was most valuable.[27]

By December, 1943, eighty-nine student nurses were enrolled in the corps. The first cadet class of thirty-eight finished their

course in the fall of 1944, thirty-two of them remaining at the hospital. In 1944, 160 students were enrolled, 149 of these under the cadet program.[28]

In November, 1941, just before Pearl Harbor, seventy graduate nurses were employed for general floor duty. A year later there were only forty-seven.[29] By 1943 there were only twenty-seven graduate nurses, although there were 136 students, to care for fifteen per cent more patients than were cared for before the war.[30] Clearly, without the enlarged school, the nursing situation would have been impossible.

By the fall of 1942, eighty-five of the younger Polk County physicians and surgeons had left for military duty.[31] Even before the war there had been a growing shortage of interns, and by July, 1942, the usual time for an intern to start his work, the hospital had been unable to obtain any, making it necessary to employ house physicians. Whereas, in 1939, there had been nine interns, in 1942 there were only three, in 1943, four, in 1944, seven, and in 1945, three. Nor did all of these stay the usual length of a year.[32]

There were other personnel problems for the administration. The hospital, competing with war industries for service department employees, had the highest payroll in its history. Particularly difficult was the situation of the laundry employees. Negotiations with a newly-formed union for higher wages began in 1942[33] and adjustments were made several times through the war period, negotiations having to go through the War Labor Board.[34] In 1944,[35] the union requested a new contract calling for increase in the wage scale, a sliding scale according to years of service, and a closed shop with check-off of dues. The question was submitted to the War Labor Board.[36] When the directive was received, it was not clear whether the fifty cents an hour for workers was for a forty-six-hour week or for time actually worked, and an interpretation was requested of the WLB.[37] The Industries Council, representing the hospital, arranged a compromise after laundry workers went on strike.[38] Another strike was called in 1946, after weeks of negotiation. The hospital was permitted to send the laundry to a commercial shop until a settlement was reached.[39] The hospital, while acceding to the wage scale of sixty-five cents an hour for women workers, refused to accede to the closed shop.[40] When the commercial laundry had a breakdown and could no longer supply the service, the hospital laundry was reopened on an open-shop basis, and the laundry workers all returned.[41]

With all the difficulties contingent upon the war period, it was well for the hospital that another major crisis had been resolved before the United States' entrance into World War II.

In the fall of 1939 Iowa Methodist as well as Mercy and Iowa Lutheran Hospitals were suspended from the approved list of the American College of Surgeons. Ordinarily it would not have been possible to gain reinstatement until more than two years later, as

inspections on which approval was based were made biennially, and results published the following spring.

The administrators of the three hospitals met, compared their reports to discover that the ostensible reasons for suspension were inadequate medical records, and staff meetings held only nine or ten times a year instead of every month. An interview with the inspector revealed that a rumor was circulating that the practice of fee-splitting by doctors was rampant in Des Moines.

Iowa Methodist Hospital and the other two hospitals prepared a pledge for the doctors to sign, including a re-statement of the pledge against splitting fees. The pledge was taken to Dr. Malcolm MacEachern, executive secretary of the American College of Surgeons, in Chicago. In less than a week's time he returned it with minor changes and the assurance that if the majority of the staff members signed it, in duplicate, sending him copies, he felt sure the College would reinstate the hospitals on the approved list. Every member of the Iowa Methodist Hospital staff cooperated, as did the staff members of the other hospitals, and the three were again approved in 1940.[42]

The hospital, Mr. Nettleton felt, profited from the agitation necessary to accomplish the reinstatement. Medical staff members insisted upon good records, and their interest in the hospital was stimulated. Although many had been reluctant to have staff meetings during the hot summer months, once the summer meetings were begun they were well attended. Greater interest also was stimulated in the clinical pathological conferences held for interns, the staff members increasingly finding the time to attend these Thursday morning sessions.[43]

Although the war years with the strict limitations necessary on civilian uses of essential materials hampered the hospital in furnishing many needs, it was possible to make some improvements, both in equipment and building changes. Before Pearl Harbor, through gifts to the hospital, new sterilizers, hot water storage tanks, and tumblers for drying linen in the laundry were purchased.[44] A savings in electric current of $1500 a year was made possible by changing from the use of direct to alternating current—a change made desirable also because nearly all hospital electrical equipment was planned for alternating current.[45] By 1942, 136 of the outmoded hospital beds had been replaced by the newer type, both more comfortable for the patient and convenient for the nurses.[46] The laundry roof and part of the east wing roof were replaced and the foundation of Central Building strengthened. A six-roll ironer was installed in the laundry. Three outmoded surgical tables were replaced.[47] A milk laboratory to furnish supplementary feedings for babies was established in the only available space, a porch off the corridor of the fifth floor east, which was enclosed to serve for the laboratory and also an examination room where doctors might examine the newborn babies.[48]

Repairs were made to the west wing, partly to improve the appearance in comparison to the adjacent Blank Hospital building. The east wing was pointed up, with the iron railing at the top replaced by brick.[49]

After many years of struggling with the obsolete dumb-waiter, the hospital installed a new one to replace the thirty-three-year-old model. Approval had to be obtained from the War Production Board. A new penthouse for the dumb-waiter was constructed on the east wing.[50]

When the pediatrics department moved into Blank Hospital, the space made available in the seventh floor solarium was converted into interns' quarters, and space also was found for nursing offices.[51] Much of the building was soundproofed.[52]

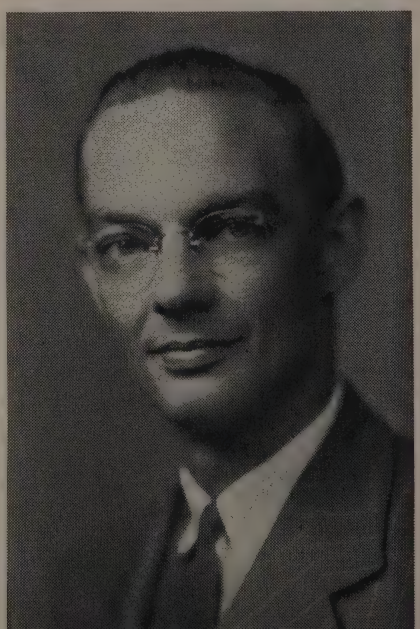
Except for the Blank Hospital and its addition, the largest single contribution to Iowa Methodist Hospital in its history was made when an annuity contract with Lytton and Rachel Younker was agreed upon in late 1946. The hospital received one-half interest in the east forty-four feet of the Frankel Clothing Company building. The contract called for a monthly payment of $250 each for the life of the annuitants. In March, 1947, the hospital sold its interest in the property for $140,000 to the Frankel Clothing Company. The fund was placed in the annuity fund account, established in 1947. The executive committee voted to keep the annuity fund account intact until the annuity commitments arising therefrom were discharged.[53]

It was through Joseph Rosenfield, treasurer of the board of directors, that this important gift was made by the Younkers, who reserved the right to stipulate the ultimate use of the gift. It is believed that Miss Rachel Younker, who survives her brother, and has a keen interest in geriatrics, will designate that the fund be used to furnish a special section for the care of elderly people, thus providing means for the hospital to expand its services to fill still another community need.

Mr. Donald Cordes, a graduate of the University of Michigan, became assistant administrator in February, 1947, and, when Mr. Nettleton resigned in August, succeeded him as hospital administrator. He came to Des Moines from training at St. Luke's Hospital in New York City.

Under his direction the program of rehabilitation was continued, and recent years have seen many changes: an orthopedic floor on the fourth

Donald W. Cordes



floor of the west wing; reorganization of the dietary department; improved laundry facilities; a continuing program of rehabilitation of hospital rooms, corridors and other areas; reorganized telephone service under a chief operator; reorganized admissions, personnel, and medical records departments; planned budgeting; the inauguration of an independent purchasing department in 1948; a perpetual inventory system, begun August 1, 1947; a program of planned replacement of obsolescent furnishings and equipment; and development of a new Central Supply system.

Under new permissive legislation, employees have participated in the federal social security program since January, 1951.[54]

The hospital operated in 1950-1951 on a budget of one and a half million dollars, with outlay of approximately a million dollars for salaries and $500,000 for supplies, and expenditure of $25,000 for equipment. The average cost of patient care per day (including depreciation figures) is $15.21.[55] Personnel costs account for much of the increased hospital costs to patients.

A major change was made in payment of nurses in 1947,[56] when a new salary scale for nurses was adopted. The Iowa State Nurses' Association had asked for a basic beginning salary of $175 per month without perquisites, for general floor duty nursing, and a reduction from forty-eight to forty-four hours per week duty. On the recommendation of the Nursing School committee, the increase was granted. Because of the reduced work week, additional nurses had to be employed. A new salary scale was set up, providing for regular increases according to length of service, with additional amounts for specialized duties, for operating room nurses, head and supervisory nurses, and for night duty.

Service employees as well as nurses were put on a straight cash salary basis, with increases to cover the cost of meal and other maintenance. It was decided that the cafeteria meals would be served to all employees at as close to cost as possible. In order to pay the increased salaries, it was necessary to increase charges to patients for rooms and operating rooms.[57]

Salaries and wages have continued to spiral. Whereas in 1948, salaries accounted for fifty-seven per cent of the operating costs, the current percentage is sixty-three. However, higher salaries have accounted for a considerable reduction in personnel turnover, and have made it possible for the hospital better to compete with other institutions (notably veterans' hospitals) for the services of nurses, at a time when there is still a distinct shortage. Of the class of forty-four students graduated in 1950, thirty were employed by the hospital on its full-time staff.[58] The hospital now has more general duty graduate nurses on its staff than at any time since the beginning of World War II. Government recruitment of nurses, openings of new hospitals throughout the state, and the high marriage rate of the graduates continue to make it difficult to maintain the optimum number. Iowa Methodist Hospital, like

other hospitals, has attempted to meet the problem in part by employment of nurses aides who can take care of those duties for which professional training is not essential.

All non-professional personnel—dietary, nurses' aides, and housekeeping, are now wearing attractive beige, gray, or blue uniforms respectively, supplied by the hospital for use on duty.[59]

A twenty-five-year club was inaugurated at Christmas, 1949, when gold watches were presented to Mr. Elmer Norem and Mr. Albert Gilmeier, who had been employed by the hospital twenty-five and thirty-seven years respectively. In addition, the pictures of these employees were placed with those of Mr. Nettleton, who had been with the hospital nearly thirty years, and Mr. Ralph Hobart, who, after more than thirty years of service, resigned as assistant administrator August 10, 1949, to become administrator of the Ransom Memorial Hospital at Ottawa, Kansas.[60] Space is provided for additional pictures of twenty-five-year club members.

A series of conferences of supervisors in 1949-1950 resulted in production of an employees' handbook, and development of an employee orientation program, as well as mutual benefits derived from the understanding of problems of the hospital both as a whole and in its various departments.

Increased attention has been paid to public relations, along the lines recommended by John Ellington, following the financial campaign of 1938. No longer is the public "completely ignorant" of the true nature of Iowa Methodist and other hospitals; and that the program of directed information has been well worth the efforts will be evident in the later accounts of the expansion program and the financial campaigns which have made it possible. Many resources have been utilized to make the public it serves aware of Iowa Methodist Hospital's contribution to the community: a quarterly publication, *Hospital News,* mailed to from 7,000 to 8,000 hospital friends throughout the state; the expanded chaplaincy; the generous cooperation of the newspapers and other information media; the development of the Blank Hospital Guild; and interest of civic groups in the hospital work.

It is even not unusual for neighborhood groups of children to have benefit circuses or amateur shows, donating their proceeds of nickels and dimes to be used for small victims of poliomyelitis who are patients in Blank Hospital. When, even in children, an awareness of the individual's responsibility for the health of the community and the welfare of its members develops, then indeed has Iowa Methodist Hospital's effort to tell its story been successful!

FOOTNOTES

1. Board Minutes, October 20, 1942.
2. *Ibid.,* October 21, 1941.
3. *Ibid.,* December 22, 1942.
4. *Ibid.,* October 19, 1943.
5. *Ibid.,* February 15, 1944.

6. *Ibid.*
7. *Ibid.*, July 21, 1947.
8. *Ibid.*, October 15, 1946.
9. *Ibid.*
10. *Ibid.*, October 15, 1940.
11. *Ibid.*, October 17, 1939.
12. Correspondence, January 14, 1943, to Works Projects Administration.
13. Public Law 137, 77th Congress, Chapter 260, First Session, H.R. 4545.
14. Progress Report on Federal Grant, written by Superintendent Nettleton.
15. Board Minutes, October 21, 1941, and correspondence files.
16. *Ibid.*, April 28, 1943.
17. *Ibid.*, September 2, 1943.
18. *Ibid.*, November 19, 1943.
19. *Ibid.*, May 18, 1943.
20. *Ibid.*, November 16, 1943.
21. *Ibid.*, January 18, April 18, 1944.
22. *Ibid.*, April 18, 1944.
23. *Ibid.*, October 17, 1944.
24. *Ibid.*
25. *Ibid.*, September 21, 1943.
26. *Ibid.*, October 19, 1943, October 17, 1944.
27. *Ibid.*, October 17, 1944.
28. *Ibid.*
29. *Ibid.*, January 14, 1943.
30. *Ibid.*, October 19, 1943.
31. *Ibid.*, October 20, 1942.
32. Hospital intern list—see appendix.
33. Board Minutes, March 16, 1943.
34. *Ibid.*, July 12, 1943.
35. *Ibid.*, May 16, 1944.
36. *Ibid.*, November 19, 1944.
37. *Ibid.*, December 20, 1944.
38. *Ibid.*, February 20, 1945.
39. *Ibid.*, September 24, 1946.
40. *Ibid.*, November 19, 1946.
41. *Ibid.*, December 11, December 17, 1946.
42. *Ibid.*, October 21, 1941.
43. *Ibid.*
44. *Ibid.*, October 11, 1941.
45. *Ibid.*, and ff., and October 20, 1942.
46. *Ibid.*, October 20, 1942.
47. *Ibid.*
48. *Ibid.*, October 19, 1943.
49. *Ibid.*, October 17, 1944.
50. *Ibid.*, May 16, 1944; also filed copy of application to WPB, February 16, 1943.
51. Board Minutes, November 21, 1944, and October 17, 1945.
52. *Ibid.*, December 22, 1942, February 16, 1943.
53. *Ibid.*, November 19, 1946, December 16, 1946, March 18, 1947; annual report, 1947.
54. Annual reports, 1948, 1949, 1950, and information supplied by the administrator.
55. *Ibid.*
56. Board Minutes, March 18, 1947.
57. *Ibid.*
58. Annual report, 1950.
59. *Ibid.*
60. Annual report, 1949.

Chapter 10

HANDMAIDENS TO HEALTH

Handmaidens to Health

AT THE time Iowa Methodist Hospital opened its doors, the general practitioner's experience, both that received in his training and that encountered through his practice, was the greatest single criterion for his success in diagnosing disease.

Today the successful doctor's diagnosis is less an art, compounded of experience and intuition, far more a science. To aid him there are innumerable diagnostic procedures. Many of the doctor's former functions both in diagnosis and treatment have been transferred to personnel employed by the hospital: biochemists, pathologists, dietitians, pharmacists, laboratory technicians, physical therapists, and others. In addition, he has experienced specialists as consultants. Far more frequently today does the doctor withhold his judgment on diagnosis until the patient has entered the hospital for a series of tests.

The ancillary departments of Iowa Methodist Hospital (they include the pathological laboratories, the X-ray department, the pharmacy, the physical therapy department, the emergency department, the dietetics department, the central supply system) have evolved gradually, like the rest of the hospital. The changes seem radical only when the beginnings are contrasted with the achievements fifty years later.

In the first years a small pathological laboratory and drug room combined furnished the hospital with scientific supplementation to patient care. Gradually, and very slowly, these services began to develop.

There was always a problem of space. During the time when scientific discoveries were proceeding most rapidly, the hospital was overcrowded, and lacked funds to build. When the departments needed more room, the question of where best to locate the needed facilities was secondary to the problem of what possible

space could be found. Technicians sometimes worked in cubbyholes, often haphazardly located in relation to the hospital areas they served.

At one time Iowa Methodist Hospital had, according to figures in the administrator's annual report of October, 1925, 282 adult patient beds.[1] As laboratories and services were expanded, this number was reduced, so that at the beginning of World War II, the capacity was 239, plus forty bassinets for the newborn.[2] Space formerly used for beds had been taken over for the expanding laboratories and other services. Although Blank Memorial Hospital and its addition brought the facilities up to 312 beds and 52 bassinets in 1950[3] there was still an urgent need for more adult patient capacity, a need now met by the 100 beds in the new south wing. Equally important to the additional bed capacity is the enlarged space available for the ancillary departments and the improved functioning made possible by planned rather than haphazard arrangement.

Nowhere in the hospital is the contrast from early days more apparent than in the clinical laboratories. Although the transition had been gradual from the beginning, under the leadership of Dr. R. R. Simmons, the hospital's first full-time pathologist, changes were accelerated in the period of the twenties. Developments that are commonplace now were being inaugurated in that period. Before Dr. Simmons left in 1927, the laboratory began blood chemistry tests, specifically the examination of blood and sugar in the diagnosis and control of diabetes. Serological tests for syphilis were introduced. Basal metabolism tests were then in their infancy, but apparatus was procured and metabolism tests made on request. An important development was the immediate frozen section for the prompt diagnosis of surgical specimens. Concomitant with the development of blood typing methods for transfusions, the laboratory introduced a program of blood typing.[4]

During Dr. Simmons' service with the hospital, interns were given a nominal amount of laboratory training. During Dr. Simmons' last year, Dr. A. D. James became a graduate student, although the hospital had not yet developed its resident training program. Students of nursing also were required to have three months of laboratory training, supplemented by a course of formal lectures in bacteriology conducted by Dr. Simmons.[5] Clinico-pathological reports played an important part in the study programs of the medical staff from the twenties on, as has been pointed out.

Dr. Simmons was succeeded in 1928 by Dr. Julius Weingart, who previously had short periods of service in the pathology department and had been consulting pathologist. "My first accomplishment," recalls Dr. Weingart, "was to persuade the management that we should have a biochemical laboratory and that we should hire a competent chemist. This field was rapidly getting far out

of the range of the general laboratory technician."[6] The chemical laboratory was equipped, with R. A. Sage in charge, later succeeded by L. E. Carr. A similar project was carried out in bacteriology, with Don Smith, and later Darrell Vuagniaux as the specially trained technicians.

Dr. Weingart developed a program of clinical photography to assist in the laboratory educational function. With a proper camera, made to order, and purchased with funds contributed by staff members, he and Mr. Sage made a collection of pathological slides. In 1934 this work was exhibited at the American Medical Association convention in Atlantic City, drawing attention to the growing laboratory excellence of Iowa Methodist Hospital.

Improvements were made in the post-mortem room, with adequate water and electrical facilities, proper table and instruments. Dr. Weingart and Mr. Sage also developed a motion picture film to show the best technique in the performance of an autopsy. The film was shown at the AMA convention in Kansas City in 1935, and both exhibits were displayed at interstate postgraduate assemblies. Dr. Weingart recalls his amusement when an elderly woman came in late for the film and tiptoed back to him to whisper, "Doctor, what is this operation for?"

In addition to the clinico-pathological conferences inaugurated by the medical staff and the pathology department, weekly conferences in pathology were conducted for the interns.[7]

Dr. James, a pathologist at the hospital from July 1, 1927, to February 1, 1929, considers his major contribution to the hospital was the development of solutions for intravenous use. This work was carried on by the laboratory for about two years until such solutions became commercially available.[8]

Dr. D. H. Kaump served as director of laboratories from July 1, 1937, to December, 1938. The laboratory was again enlarged and the personnel increased. Bacteriology, biochemistry, and serology became separate departments. The necropsy rate, which had averaged twenty per cent, rose gradually to approximately sixty to sixty-five per cent. There was a considerable stimulation, Dr. Kaump recalls, in the use of frozen sections by the surgeons on the staff.[9]

Dr. James E. Kahler succeeded Dr. Kaump, serving from November, 1938, to July, 1940. During this time the laboratory included two rooms off the surgery corridors, one used as a tissue laboratory, one for an office; the autopsy room, and five rooms nearby, one each for photography, bacteriology, hematology, urinalysis, and chemistry. Before the south nurses' home was restored, space there was available for clinical work with animals.

"The only new techniques that I can remember introducing in the laboratory at that time are now all outdated," Dr. Kahler commented. They included new methods for typing hemolytic

streptococci, new methods of prothrombin determination, and a start in blood electrolyte determinations.[10]

Dr. R. F. Birge has been pathologist since July 1, 1940. The present staff includes two residents in pathology, and a staff of twenty-two, including a chief technician, a biochemist and a bacteriologist.

Present facilities include also three special laboratories in Blank Hospital for routine tests and biochemistry. In the new south wing, the pathological laboratories and medical records room are on the same floor with the surgery and emergency departments, a much-improved arrangement for service.

In 1944 Iowa Methodist Hospital was approved for the first blood bank in central Iowa. In 1946, the training program for residents in pathology received the full approval of the American Board of Pathology.

Among the newer equipment of the hospital is a scopicon, a microscopic projection device which permits a group of ten interns and residents to see the same microscopic slide at one time. The library in pathology also includes a collection of color photographs of specimens, available for showing to medical staff and students.

An increasingly important function of the laboratories is their work in research. The laboratory examines 7,000 specimens a year for cancer, and uses new tests for cancer cell study, including the Popanicolan method.[11]

Partly for the sake of convenience to outpatients, some of the laboratory equipment is placed, not in the laboratories, but in the emergency department. These include the electrocardiograph and the apparatus for basal metabolism tests.

In 1937 the electrocardiograph was being used more and more as a diagnostic procedure. To aid the doctors of the staff, a General Electric cardiographic machine was installed in the emergency room. By 1942 an average of thirty electrocardiograms was taken each month. In 1951 the average was one hundred a month. New processes and equipment were developed, and in 1944, the hospital purchased an advanced model, a string galvanometer Cambridge machine, more accurate and of greater use for research. In 1948 an attachment for the machine was purchased to augment the electrocardiographic studies and make the diagnostic help more thorough and far-reaching.[12]

In the late 1930's a vasculator was added to the emergency room equipment, to be used to stimulate circulation in the extremities in Berger's disease and circulatory diseases. Although many patients were benefited by the treatment, it was discontinued in 1942 because of some adverse reactions on the patient and other involvement in its use.[13]

The hospital has two purposes in maintaining an emergency department: to provide immediate care to patients in emergency

conditions, and to provide an opportunity to interns and residents for training in examination of patients, establishing diagnosis, and in instituting prompt care for the illness and injuries coming to an emergency department.

In order that the department should not infringe on the rights of the patients and their physicians, the intern and resident staff treat all patients in the emergency room promptly, but inquire of the patient regarding the selection of a private attending physician. If such a physician is selected, the intern or resident is limited to the attending physician's desires in the management of the patient. Patients may return for one additional visit for treatment by the intern or resident, but if further medical care is necessary, they must go to a private doctor's office or to the free clinic at Broadlawns Hospital.[14]

So crowded had hospitals in Des Moines become in 1945 that two rooms were set aside in the emergency department for the use of patients desperately in need of care. Only patients classed as emergencies were admitted, to stay not more than twenty-four hours, and they were given first place on the admitting list of beds available. Every twenty-four hours there were four new patients in these beds, under the care of a graduate nurse on three shifts, assisted by a student for the 7 a.m. to 3 p.m. shift. This plan was used for two and a half years, when the need for floor nurses became so acute that they could no longer be spared, and the plan was discontinued.

In 1951 the emergency department has a single nurse on duty from 7 a.m. to 3 p.m., together with an orderly to care for the needs of emergency patients. At other hours, accidents are cared for in the operating rooms. The emergency department cares for an average of 3,600 patients yearly.[15]

The X-ray department, because of the special fund of $20,000 raised by a group of businessmen, was completely modernized in 1941, when all new shock-proof equipment, including a new 200 Kv. Deep Therapy unit, was installed. Until that time technicians had to keep constant watch on doctors, patients, visitors, and themselves to make sure everyone was far enough from the overhead high tension wires before the exposure was made. There never was a serious accident, but there were some close calls. Miss Mildred Metcalf, chief technician since 1936, said, "Once the sister of an accident patient came rushing into the room to comfort the patient and got too near the high tension wires before the technician saw her. That was in the days of wire hat frames and her hat caught fire. Another time a technician was knocked across the room and a path burned in her hair when she got her head near the overhead wires on the portable machine."[16]

The X-ray laboratory also is approved for graduate training. In July, 1947, the X-ray department received the approval of both

the American Medical Association and the American Board of Radiologists to train doctors in radiology. Dr. Harold Peggs was the first resident, completing his course in 1950.

Dr. A. B. Phillips became a member of the staff in March, 1939, following his residency in Mallinckrodt Institute in St. Louis. He returned to Iowa Methodist following World War II service as radiologist at the Corpus Christi Naval Hospital and elsewhere. Dr Phillips was secretary of the Iowa Medical Society in 1949-1950. In March, 1950, Dr. J. T. McMillan joined the hospital radiological staff, following four years of radiological work at the Mayo Clinic.

Many technicians have been trained in and employed by the department. Miss Metcalf as chief technician is assisted by four other technicians, a medical secretary, and an orderly. Miss Metcalf

Left: Dr. W. H. Greene, intern, in the 1903 pharmacy.
Right: Miss Isabel McHarg, left, and Dr. Nelle Noble in the 1906 pharmacy. Miss McHarg was a student nurse and Dr. Noble the first woman intern.

received her training from Miss Gertrude Frey, who had succeeded Miss Ruth Whitney as technician in the early 1930's.[17]

Just as the clinical laboratories and the X-ray department have revolutionized diagnostic practices during the life span of Iowa Methodist Hospital, so have the medicines used to cure the patient transformed medical treatment. Most of the change has come about within the last two decades. Although the trend was apparent before, recent discoveries and development of the sulfonamides, the antibiotics, and the cortisones have greatly accelerated drug therapy.

In the early twenties, the pharmacy was moved from the southeast to the northwest corner of the third floor of Central Building, the later site of the medical library. Then it was transferred to the second floor, until larger quarters were again needed, when in 1933 the peripatetic pharmacy was moved to the first floor west, its location until the completion of the new south wing in

1951 afforded new facilities on the first floor of the new wing on the west side.[18] In 1945 the department had been enlarged to meet the needs imposed by the children's hospital.[19]

Mrs. Pauline Boyd Lyman was head of the pharmacy department from May, 1932, to August, 1937. In 1933 a second registered pharmacist was employed, and two years later, the staff was increased to three. Mrs. Karen Norgaard Higgins became head of the department in 1937. During the period she was head, the pharmacy department was relieved of the responsibility of teaching courses for nurses in Drugs and Solutions, and Materia Medica. There were increasing duties: more than thirty types of antitoxin for pneumonia had been developed, many biologicals were used, and sulfa drugs were appearing. When Mrs. Higgins left in December, 1940, Miss Elvia Werner, who had been employed three years, succeeded her and is the present department head. The department now includes five registered pharmacists and a department aid.[20]

No longer do these pharmacists prepare "Sippy Powders" or many powdered extracts, calomel, balsam of Peru, nor do they fill prescriptions of syrup of rhubarb for headaches. Much of the present hospital medication is given by ampoules or intravenous solutions; and prescriptions call for multiple kinds and combinations of sulfa drugs, new antibiotics, penicillin, streptomycin, bacitrocin, aureomycin, chloromycetin, terramycin, amino acids, antihistamines, cortone, ACTH, gelfoam, oxycel, plasma, and many other new preparations.[21]

That the newer drug therapy costs more than formerly is apparent from figures on the hospital expenditures for drugs in the last five years. For the fiscal year ending July 31, 1946, the expenditure was $52,134.46; in 1947, $71,602.22; in 1948, $82,001.93; in 1949, $97,846.70; in 1950, $113,567.05; and for the first nine months of 1950-1951, the expenditure had reached $96,308.08.[22] Many of the new drugs are preferably administered in hospitals, and their cost is another of the factors contributing to higher hospital expenses for the patient, compensated for, however, by shorter stays because of the more rapid recovery. Administration of the drugs, frequently by injection or other methods more complicated than the simple swallowing of a pill, also requires an increased nursing staff, even at night, since many of the drugs require round-the-clock usage for effectiveness.

One of the many new improvements in the hospital pharmaceutical service is the installation throughout the hospital of a pneumatic tube system to send prescriptions and orders swiftly from the pharmacy to wherever they are needed, a system which means incalculable saving of time and energy to the hospital staff, who formerly were sent on time-consuming errands for the medications. A new dumb-waiter across the hall from the pharmacy may be used for larger drugs as well as items from the central sup-

ply department. A "cool room" has been built into the new pharmacy for storage of certain drugs.[23]

For many years supplies such as dressings and dressing trays for the floors were cleared through the surgical department. The traffic in the operating department became so great because of nurses, orderlies, and maids coming there for supplies, particularly during the morning hours when surgeons were busy, that work was seriously hampered. In 1944 the hospital opened the central supply department for the distribution of all non-expendable supplies.[24] It was first located opposite the pharmacy, on the west wing first floor.

Hospitals have not had central supply departments very long. At Iowa Methodist, one of the early functions was the sterilizing of materials for the drawing of blood from blood donors. When the professional staff experienced some reactions from patients following the blood transfusions, the resulting study led to loss of confidence in the central supply department. The sterilization function and the actual drawing of blood were transferred to become a function of the operating room.[25]

Plans for the new south wing included designs for a modern central supply department. Conveniently located near the elevators on the ground floor, it is connected with the delivery room, the operating rooms, and the four nursing units of the south wing by the automatic dumb-waiter.

The department has been enlarged to perform seven major functions: 1, the cleaning of all rubber gloves; 2, cleaning and sterilizing of all needles; 3, the autoclaving of all surgical and delivery room packs; 4, the central location for Miller Abbott tubes, stomach lavage sets, emesis sets, and hundreds of other sets needed in the modern hospital; 5, the preparation of all distilled water needed in the hospital; 6, the depository for oxygen tents, oxygen tanks, and similar equipment; and 7, the storage place for crutches, splints, braces, trapezes, and other items. The department includes much new modern equipment, such as automatic washing machine and dryer, electric dry heat oven, modern stills and autoclaves, for the efficient performance of its many and varied responsibilities. Its services are available twenty-four hours a day. Centralization of the sterilizing functions has reduced cost through greater efficiency, better supervision, and rendering of much of the service by other than registered nurse personnel.[26]

One of the oldest ancillary services at Iowa Methodist Hospital, the physical therapy department, had its beginning in 1905 with the purchase of gas-heated baking machines. Progress was slow, however, until World War II demonstrated the value of this branch of therapy in the treatment of war casualties. Before the war the department at Iowa Methodist included a treatment room and an office, and the equipment included a diathermy machine, a carbon

arc lamp, and infra red and ultra violet lamps. After the war the department was enlarged to include six treatment rooms, gymnasium equipment, a shower room, and facilities for fever therapy, electrical stimulation, and paraffin, whirlpool, and contrast baths. A children's unit was equipped at Blank Hospital.[27]

Equipment new in 1945 has now been replaced by even more modern apparatus, and the latest methods of application are used. Among the equipment are two new diathermy machines, a shoulder wheel, stall bars, walkers, finger ladder, head suspension sling, and bed bicycle. Still further enlargement of the department to accommodate an ever-increasing number of patients is planned.

The present staff includes three physical therapists, graduates of a four-year university course in medical science with a specialization in physical medicine. Under the supervision of the physical therapist there are two physical therapy aides, trained by a therapist to assist in treatments. The department also has a clerk typist.

Although the children's department at Blank Hospital takes care of general conditions, such as training in posture, correction of deformities, and congenital conditions, the greater part of its work is with poliomyelitis patients.[28]

At Iowa Methodist Hospital it had been recognized almost from the beginning that dietetics were important in the care of the patient, although early knowledge of nutritional science was meager in contrast to the growing body of information today. That control of the diet has become a highly specialized procedure is evident from a perusal of the *Manual of Diets for the Des Moines Hospitals,* prepared by the Des Moines Dietetic Association, accepted by the Polk County Medical Society, and published in 1951. The manual, prepared in the hope of standardizing diets in the city's hospitals, is intended also to serve as the basis of diet instruction to student nurses and to patients.[29]

Miss Annette Mayer, chief dietitian of Iowa Methodist Hospital, is assisted by three other dietitians, as well as a cafeteria supervisor and kitchen supervisor. One dietitian is in charge of the medical floors, one of the surgical, and one of Blank Hospital. When more dietitians are available, the staff will be augmented.

All food is prepared in the main kitchen, a completely modern well-equipped center in the new wing. Food is bought by the central purchasing department. After it is prepared, it is sent in electrically-heated food carts to the serving kitchens on each floor. All of these kitchens now have the most modern kitchen equipment.

The hospital thus, through its ancillary services, works closely with the medical staff to benefit the patient, by scientific aids in diagnosis, by drug and physiotherapy, by providing the best in scientific equipment, and by controlling nutrition. Doctors can no

longer be competent independent of such services. Medical science is an exact and calculated science. It is impossible as well as impractical for individual physicians to furnish in their offices the facilities for scientific diagnosis and treatment now available through hospitals. More and more is the modern hospital the health center for the community, anticipating its needs and supplying them, reaching out to fulfill its function of service.

When Bishop Charles Brashares preached the dedication service October 28, 1951, for the new south wing, he told a story which gave emphasis to the human needs for the many costly and complex articles of equipment that a modern hospital must have to perform its function of saving lives and restoring health.

"In a small Iowa community," said the bishop, "a mother watched her child receive oxygen from a tank; then, as the supply was exhausted, had to watch the little girl die as hospital attendants struggled in vain to open the valve on another tank of oxygen."

No one can tell when or how often an expensive and complex piece of life-saving equipment may be needed. Iowa Methodist Hospital is continually obtaining such equipment that it may be available when it is needed. Among the recent diagnostic acquisitions is an electroencephalograph, an apparatus for detecting and recording brain waves.

The new pharmacy in the south wing, opened in 1951, is in sharp contrast to the early pharmacies shown on page 140.

The new air pressure lock for the frailest of the premature babies; other new equipment for these "incubator" babies, who formerly had little chance to survive; new oxygen equipment, suction machines, inhalators: these, and countless other devices and inventions to save lives and restore health, are now available at Iowa Methodist and Blank Memorial Hospitals to be put to work in the never-ending effort.

FOOTNOTES

1. Board Minutes, October 26, 1925.
2. Correspondence, Lanham Act application file, September 16, 1941.
3. *Hospitals*, yearbook of the American Hospital Association, 1950.
4. Memorandum, Dr. R. R. Simmons, April 18, 1951.
5. *Ibid.*
6. Memorandum, Dr. Julius Weingart, April 26, 1951.
7. *Ibid.*
8. Memorandum, Dr. A. D. James, 1951.
9. Memorandum, Dr. D. H. Kaump, May 25, 1951.
10. Memorandum, Dr. James E. Kahler, May 26, 1951.
11. Interview of Dr. R. F. Birge by Dr. Nelle Noble.
12. Memorandum on emergency room, Mrs. Pearl Figge, R.N.
13. *Ibid.*
14. Statement by Mr. Donald Cordes, hospital administrator.
15. *Ibid.*
16. Memorandum on X-ray department, Miss Mildred Metcalf.
17. *Ibid.*
18. Memorandum on pharmacy, Miss Elvia Werner.
19. Board Minutes, October 16, 1945.
20. Memorandum, Miss Werner.
21. *Ibid.*
22. Figures prepared by R. H. Boldrick, hospital comptroller, June 1, 1951.
23. Memorandum, Miss Werner.
24. Board Minutes, October 16, 1945.
25. Memorandum on central supply department from Mr. Cordes.
26. *Ibid.*
27. Memorandum, Miss Loretta Sullivan, chief therapist, April 7, 1951.
28. *Ibid.*
29. *Manual of Dietetics for the Des Moines Hospitals,* Des Moines Dietetics Association; interview by Dr. Nelle Noble with Miss Annette Mayer, chief dietitian.

Chapter 11

FOR THE CHILDREN

For the Children [1]

MEETINGS OF the executive committee of the board of directors of Iowa Methodist Hospital are frequently lengthy sessions, often concerned primarily with discussion of ways and means, and attendance may often be something of a chore for the businessmen who contribute their time in the evenings, after a full day at the office. Particularly tedious must have been some of the sessions during the war years, when there were many additional problems to solve.

But on April 1, 1943, at a luncheon meeting at the Des Moines Club, the occasion was uniquely satisfying. A few knew the reason for the meeting. All were filled with a sense of expectancy as Dr. Walter Bierring announced the purpose, and introduced Mr. A. H. Blank.[2]

In the words of the board records, "Mr. Blank announced that he and his family proposed to construct and equip a children's hospital as a memorial to his son Raymond; that Raymond's devotion to and affection for children had been most pronounced throughout his entire lifetime, his love for children being evidenced in many, many ways; that he and Raymond had seriously discussed this project and had had it under consideration for a long time; that they had examined the seventh floor children's department at the Methodist Hospital, considering ways and means for modernizing and improving the seventh floor."

The family's present plan, Mr. Blank explained, was really an outgrowth of long consideration and thought, which had only been hastened to a conclusion by their recent bereavement. After serious consideration they had come to the conclusion that their plans could best be carried out by "the erection of a separate building, specially adapted and equipped for the care and treatment of children, aiding them in their convalescence and returning them to their homes with renewed strength and courage."[3]

The electrifying announcement was followed by presentation of plans by Mr. Myron Blank, brother of Raymond, and a discussion of preliminary building steps by the architect. These were followed by expressions of sympathy and appreciation voiced by Mr. Wagner, Mr. Jester, Mr. Fred Little, of the board of directors, and Dr. Lee F. Hill, who stressed the importance of the proposed institution for the care and treatment of children. Dr. Hill discussed the difficulties under which the "medical profession and hospital authorities had been laboring for the care and treatment of children in this community, and the strain upon the parents of children hospitalized under present facilities." He commented "enthusiastically upon the brilliant prospects for the future in the alleviation of the problems with which we have been struggling, including the difficulties of preventing the spreading of contagious diseases and of prevention of cross-infection, which will be eliminated when the new building is completed."[4]

Subsequent meetings were concerned with details of accepting the memorial gift, revision of the articles of incorporation to provide for the government of the specialty hospital, enlargement of the executive committee, and inclusion of a member of the Blank family; and creation of both a special committee of the executive committee, charged with the responsibility of setting up the standards and fixing the policies for the operation of the Raymond Blank Memorial Hospital for Children, and a building committee to supervise the construction and equipping of the new hospital.[5]

To understand fully the gratification of the board of directors and the medical staff, it is necessary to trace the development of the practice of pediatrics at Iowa Methodist Hospital, a development paralleling that of pediatrics itself, for it was only in the early 1900's that pediatrics became a specialized branch of medical practice.

It is understandable that in the formative years before 1920, pediatrics existed as a far cry from the present magnificent pediatric service housed in the Blank Memorial Hospital. It was the same story in other hospitals, in other cities in the United States.

In the early twenties, after the gradual transition from the sun cure ward, that began in 1914, to the pediatric floor for sick infants and children, the record of pediatrics at Iowa Methodist Hospital is clear.

Bed capacity in the pediatric department could comfortably accommodate about twenty-four bassinets, cribs, and beds, but on many an occasion this was stretched far beyond to as many as thirty or thirty-five. The space was divided into a large convalescent ward for older children at the east and south end. Immediately adjoining this was a smaller ward for sick infants; and a similar-sized ward for children one to three years of age separated the infants' ward from one on the west and north end of the

floor for sick older children. Only one small isolation room, located back of the elevators on the north side, was available in the department.

An examining and treatment room was established in the northwest corner, where spinal punctures, transfusions, intravenous injections, chest taps, myringotomies, and the numerous other procedures incidental to the treatment of sick children were carried out. Dr. Hill recalls that one spring in the thirties an epidemic of otitis media and mastoiditis occurred in the city. At one time there were sixteen children on the seventh floor who had had one or both mastoids operated on. (Because of the new drug therapy, such epidemics no longer occur.)

At the northeast corner was the diet kitchen. In front of the elevators were the nursing station and a small waiting room for visitors. From this space a view through glass windows could be had into all the wards.

No attempt can be made to list the number of children treated in the pediatrics department through the years, nor can the wide variety of conditions for which the children were admitted be tabulated. It was an extremely active service and unusual cases were by no means uncommon. It must be remembered that this phase of pediatrics in the hospital occurred when specific remedies as we know them today were unheard of. Diseases ran their full natural courses often accompanied by multiple complications. Emphasis was upon the sick child. Mental health so far as hospital practice was concerned was virtually nonexistent.

The history of the pediatrics department is in part the history of the development of medical education at Iowa Methodist Hospital, for it was in this department that much of the pioneering was done. Formal teaching was first begun in the pediatrics department on the seventh floor in the late 1920's. Before this, interns when available were assigned to the pediatrics department for two months out of the year's service. Such instruction as the intern got was through daily contact with the doctor who came to visit his patients.

It was early in the thirties that Dr. Hill began an eleven o'clock clinic on Fridays for the interns of the hospital and for such others, including nurses, as cared to come, an hour still set aside for the pediatric clinic at Blank Methodist Hospital, which has continued uninterrupted for twenty years. Dr. Hill's idea in instituting the clinic was to provide instruction in pediatrics to the interns of the hospital throughout the intern year. A single two-months service in pediatrics was likely to limit the intern's experience to the current epidemic in the community at the time of his service. Thus in the summer diarrheal diseases might occupy most of the beds, whereas in winter pneumonias and infections of the

respiratory tract would be paramount. A weekly clinic throughout the year would enable the intern to gain a much more varied experience and a far more adequate training in pediatrics.

Clinics were held in the small examining room. Sometimes one intern would be present and sometimes all would be there, but whether there were one or a dozen, the hour was faithfully kept for this purpose. Often the pathologist of the hospital would attend. When Dr. Richard Birge became pathologist, he regularly attended and contributed much of value to the sessions. Not infrequently he brought gross or microscopic sections from patients who had died, so that clinical discussions were interspered with pathological conferences. Because of this, no intern left the hospital who was not thoroughly familiar with the appearance of an infected ear drum, a parapharyngeal abscess, the tubular breathing produced by a pneumonic consolidation; and no intern had not done a spinal puncture or a chest tap. Basic science may have been lacking, but practical pediatrics was not. Indeed, it seems fair to state that by the late 1930's interns were being attracted to the hospital because of the pediatric teaching.

In the meantime three other pediatricians, Dr. Dennis Kelly, Dr. Charlotte Fisk and Dr. Arnold Smythe, had established offices in Des Moines. The facilities of the seventh floor were growing more and more inadequate as the specialty of pediatrics developed and the number of pediatricians increased. By 1940 the administrator of the hospital, Mr. Nettleton, had been approached to see what could be done about enlarging the department. Then came World War II and with it naturally a curtailment of any local activities in deference to the greater issues on a national and international scale.

Nevertheless, the demands on the seventh floor went on unabated, and even increased as physicians from neighboring communities were called into service, and parents from these areas began bringing their children into Des Moines for medical care they could no longer obtain at home. Thus it was that the need for a greatly expanded pediatric department had become urgent and acute by 1943.

Through Mr. Nettleton, Mr. Raymond Blank had become interested in seeing what could be done about enlarging the department on the seventh floor. He even had some architectural drawings made. But before definite planning had been reached, Raymond died in March of 1943.

Shortly thereafter it was learned that the parents of Raymond, Mr. and Mrs. A. H. Blank, wanted to do something to perpetuate and memorialize the dominating interest of their son during his life, which was service to children. At first their thoughts were directed toward the erection of a hospital for the care of poliomyelitis patients because this had been one of their son's main interests. But

This portrait of Raymond Irving Blank hangs in the Blank Hospital lobby.

when the suggestion was made to Dr. Bierring, and through him, to Mr. and Mrs. Blank, that a much greater service and one of more pressing need could be made to the children of Des Moines and of the whole of Iowa by the erection of a children's hospital with a poliomyelitis ward in it, they were immediately attracted to the idea, and issued instructions to draw up plans.

To understand the motivation which led Mr. and Mrs. Blank to build the Raymond Blank Memorial Hospital for Children, something should be told of their son's life.

Raymond Irving Blank was born in Des Moines, December 5, 1909, and received his early education in the public schools of Des Moines. He joined the Boy Scouts in Troop 67 when he was twelve, and took such a deep interest in its activities, and advantage of its opportunities, that he rapidly progressed through the various grades, earning twenty-one merit badges and becoming a Star, Life, and Eagle Scout. When he became an Eagle Scout at the age of thirteen, he had the distinction of being the youngest Eagle Scout in the United States at that time. In 1924 he was chosen as the representative Scout of Iowa to attend a World Jamboree in England, after which, with an international group of Scouts, he toured the continent.

Evidencing an early interest in journalism, he became business manager of the Roosevelt High School student publication, *Roosevelt Roundup,* and after his graduation from Roosevelt in 1926, he became a cub reporter during the summer on the *Des Moines Evening Tribune.* After his freshman year at Grinnell College, he attended Brown University, where he was managing editor of the *Brown Daily Herald.* He was graduated from Brown in 1930. During the summer of 1931 he attended the University of Geneva, studying languages and international politics. He sat as a neutral Iowan in the press section at the Geneva Press Conference, writing articles for the Des Moines *Register* and *Tribune,* as well as for the New England Syndicate.

Soon after his return from Europe, Raymond began to suffer the first noticeable results of a severe head injury, incurred at the age of ten when he was struck by a motor car and thrown violently to the pavement. Although there had been no previous manifestation, he was now subjected to severe headaches and fainting spells. The severity of the suffering increased until in September, 1936, he

underwent a delicate and painful operation at the Royal Victoria Hospital at McGill University in Montreal.

After a long convalescence in Arizona, California, and Honolulu, Raymond returned to Des Moines to assume his executive duties with the Central States Theatre Corporation. Clinging to his interest in journalism, he concentrated on advertising and publicity, spending a few years in Chicago as representative of the United Artists Film Corporation and the Balaban and Katz organization in this work.

He continued his interest in Scouting, accepting appointment on the board of directors of the Tall Corn Council, Boy Scouts of

The Raymond Blank Memorial Hospital for Children.

America, and enthusiastically planning a development program to attract more and more boys to the work he loved.

It was in these rich and full years after his thirtieth birthday when he was active in journalistic and executive work that Raymond Blank began to formulate his plans for the scientific treatment and care for children. Undoubtedly his desire to plan for the proper treatment of small boys and girls stricken by disease and injury stemmed from his own suffering as the result of his child-

hood injury. Ray had a tremendous love for boys and girls, gloried in their health and happiness and he sincerely dreamed of providing for their care and for the means of alleviating their pain, curing their ills.

In the last two years of his business activity, Ray became interested in the fight against infantile paralysis, through the annual drive to raise funds in the theatres for the March of Dimes. It was in the summer before his death that he worked out definite plans and had sketches made for the improvement of the children's wards at Iowa Methodist Hospital. So it was from these half-formed ideas and often discussed dreams and plans made by Raymond himself that the Raymond Blank Memorial Hospital for Children has been brought into reality.

But Ray's own eager planning was ended when in the early morning hours of Sunday, March 7, 1943, he died as the result of a sudden heart attack in his sleep. And thus it was shortly after his death that his family came to the decision to perpetuate, not only his name, but what he had lived for, in the children's hospital.

Wetherell and Harrison were the architectural firm selected by the Blanks to draw up the plans for the new children's hospital. It was apparent from the start that if it were to have an identity of its own it should be a separate building. The logical place was at the west end of the Iowa Methodist Hospital. Furthermore, it was realized that if the children's hospital could use the surgical, laboratory, X-ray, and meal-preparing facilities of the main hospital, duplication of these features could be avoided, and a greatly augmented bed capacity would be possible. Hence it was decided to connect the two buildings by a series of ramps.

Next came the necessity of deciding upon the number of beds there should be. Inasmuch as there had been a maximum of thirty-five patients on the seventh floor, it was felt that double this number should be adequate for years to come. This was one bad guess made in the whole planning and construction of the hospital, but who could then have anticipated what a tremendous need the hospital would fulfill?

After the location, size, and general construction of the hospital were decided, it became necessary to get priority approval from the government in Washington before actual construction could begin. The nation was at war on a global scale, and allocations of steel and metal fixtures were strictly controlled. Although a strong case could be presented for the urgency of additional hospital facilities for children in Des Moines, nevertheless had it not been for Mr. Blank's prestige and influence and a personal visit by him to Washington, it is doubtful if the necessary permission would have been forthcoming. Suffice it to say that approval was received. Construction was begun by the Kucharo Construction Company in the summer of 1943.

In the meantime, conference after conference had been held among the architects and the pediatric and nursing staffs. Each of the latter groups listed what they felt were minimum essentials. These the architects translated into blueprints. At first it was felt that waist-high wainscoting with glass partitions above, similar to those on the seventh floor, would be most desirable because of the clear view into all rooms such an arrangement afforded. Actually the credit for abandoning this plan and adopting visual windows belongs to the architect, Mr. Roland Harrison. After visiting a number of children's hospitals, he convinced everyone that not only would the hospital be more attractive with visual windows in the walls of each room, but that some degree of privacy would be appreciated, especially by older children. The wisdom of his advice has been abundantly borne out, and few features of the hospital have been more frequently commented upon by visitors than the attractive corridors.

A distinctive feature of the Raymond Blank Hospital is the playroom in the south central portion of the main floor. Mr. Blank visualized a large lobby with wide glass doors opening into the playroom giving a vista through the lobby and playroom over the city to the distant hills across the valley. It was also his idea to get his friend, Mr. Walt Disney, to design murals of scenes from *Snow-white and the Seven Dwarfs* to decorate the walls of the playroom. An added touch of the motion picture world is the projection booth in the east end of the room, and the drop screen from the ceiling at the opposite end. Visitors, shown this room first, invariably make exclamations of surprise and pleasure.

Planning for the Blank Hospital came at a time when there were changing concepts of construction for a children's hospital. For instance, the idea of large wards was being replaced with the concept of smaller units. Hence, with the exception of one eight-bed convalescent ward, also decorated with Walt Disney murals, the largest unit in the hospital contains four cribs. All the other units are single or double rooms, with a few triple rooms. The obvious advantages are that cross-infections are minimized, crowding is avoided, and seriously ill patients or those recovering from surgery can have private rooms.

Furthermore, the idea was being abandoned that contagious diseases must be cared for in a separate, remotely-located "pest house". Consequently a contagious disease unit was planned for the ground floor at the west end of the hospital. It has a separate entrance from the outside where patients are admitted directly to a "clean" examining room. When the nature of the infectious disease has been determined, the child is assigned an appropriate room. The inclusion of a contagious unit within the children's hospital has proved not only to be valuable service for children, but also has provided an excellent means of teaching communicable

diseases to the intern and resident staff, a feature often lacking in many teaching pediatric hospitals.

To the east of the contagious unit on the ground floor, and on the south, an admitting room and outpatient department were provided for. All patients who enter the hospital go through the admitting room and into one of the examining rooms before being assigned a room on one of the upper floors. A detailed history and physical examination of each patient is done by an intern or resident before the child can be taken to his room. This wise provision insures a proper record and also prevents admission of a child with a contagious disease to one of the general floors. On the north side of the ground floor, east of the contagious unit, provision was made for a physiotherapy department and laboratories; and a room was reserved for a woman intern or resident.

Two additional unique features went into the construction of the hospital. One of these was the provision in a number of the

Young patients enjoy the playroom of Blank Hospital.

rooms for piped-in oxygen from a central supply in the basement. This insured a constant supply and avoided the necessity of having to wheel in the large tanks at inopportune times. The second was the provision for water suction strategically located in a sufficient number of rooms so that this form of therapy would always be available at a moment's notice when required. Experience had shown that suction which depended on a motor might be interrupted when most needed because of mechanical failure. The pediatric and nursing staff were also insistent that each room have a wash-

stand operated by foot power, for it was the concensus that one of the chief causes of cross-infection was unclean hands.

Construction proceeded rapidly, surprisingly unimpeded by failure to obtain material and equipment. The building was completed late in 1944, and the dedication ceremony was held in December of that year.[6] Dr. Morris Fishbein, then editor of the *Journal of the American Medical Association,* gave the principal address. Mr. Everett Jones of the American Hospital Association, who had been instrumental in obtaining priority for building the hospital, also was present. That evening at a reception given by Mr. and Mrs. Blank, honoring Dr. Fishbein and Mr. Jones, the question of instituting a program for the training of resident physicians in pediatrics was discussed. Both Dr. Fishbein and Mr. Jones thought the hospital should easily qualify for approval, and that it was rather an obligation on the pediatric staff to undertake such a program. A year later this goal had been achieved.

One would like to detail the pride, ambitions, and achievements of all those connected with the new hospital. But this is obviously impossible. In general it may be said that the pediatric staff, the nursing staff, the general staff of the main hospital, the administrator, and the executive committee were keenly appreciative of the great privilege which the generosity of Mr. and Mrs. Blank placed in their hands. All were resolved to make the greatest possible use of the opportunity which the beautiful building afforded. Here was a community asset whose capacity for service in the interests of children could be as great and far-reaching as those connected with it cared to make it. In the years since the completion of the building, much has been accomplished in this direction.

One of the first resolutions made by the pediatric and nursing staffs was to do everything possible to minimize the psychic trauma of hospitalization too frequently experienced by child patients. A play director was employed whose sole responsibility is to entertain and amuse the children. Both mornings and afternoons she gathers groups of ambulatory patients in the playroom where games are played or a motion picture is shown. All who are able come to the playroom for noon luncheon. Volunteers from the Raymond Blank Hospital Guild assist, a Guild mother sitting at each of the tables, surrounded by four or five of her charges. The influence this has had in increasing the consumption of food is readily apparent. When the play director is not busy with groups of children in the playroom, she visits individual patients who are too ill to leave their beds, and reads stories or plays games with them. That this investment has amply paid off is shown by the fact that on a number of occasions children have not wanted to leave the hospital when discharged. One child at his own request was even permitted by his father to spend an extra day in the hospital.

Efforts are made in numerous other ways to protect children and to provide them with "foster mothering" during their hospital

stay. Surgical patients recovering from anesthesia are either put in single rooms or screened from view. Seriously ill patients are transferred to single rooms whenever possible so that no child might have to undergo the harrowing experience of being witness to a death. Perhaps this is the appropriate place to record the fact that there is no price differential among rooms. A crib in a four-bed ward costs the same as a single room. This policy makes it possible to use private rooms for the seriously ill patients as they are needed, rather than having them occupied by children with minor illnesses whose parents might be able to afford a higher rate.

By 1947 a number of things had happened. To the amazement of nearly everyone, the seventy beds which it was thought would suffice for at least ten years were found to be totally inadequate. A waiting list for admission to the hospital of from thirty to forty children was almost constant. The contagious diseases unit and the outpatient departments were crowded. More residents were needed and there was no place to house them. The hospital had made its influence felt in areas outside of Des Moines and Polk County. Nearly a third of the patients admitted were from outside the city.

In this predicament, Mr. Blank was appealed to and came to the rescue. An addition was built at the west end of the hospital and on the south and east ends. Bed capacity was raised from seventy to 112. A residents' and interns' quarters was constructed, the outpatient department enlarged, and a formula room built on the third floor. Even with these augmented facilities, the hospital on many occasions was filled to capacity and a few patients were forced to wait for admission.

In the years from 1948 to 1950, Iowa had the misfortune to suffer serious poliomyelitis epidemics. Because Blank Hospital had the facilities, it rapidly became a center for caring for children stricken with this disease. In 1948, 139 children were admitted, in 1949, 276, and in 1950 there were 252 admissions. In 1950 Iowa had the highest poliomyelitis rate in the nation.[7] Of the 252 cases in 1950, only three died, although fifty were of the bulbar type, among which most fatalities occur. A number of lives were saved in the latter type of polio by the performance at the hospital of tracheotomies.[8]

That Des Moines and the state appreciated the new facilities is evident not only by the fact that the hospital was filled with patients, but by many letters from grateful parents. A public expression of the appreciation was published in the *Des Moines Tribune* June 15, 1948, as an editorial.

A LARGER BLANK HOSPITAL

"Looking at the magnificent tomb in memory of Napoleon, Robert Ingersoll thought of the destroyed, broken, and scarred lives that were the real 'monument' to the conqueror. Ingersoll mused

that he would rather be a peasant and wear wooden shoes than to win such a place in history.

"This story came to our mind by contrast, when we were looking over the new addition to the Raymond Blank Memorial Hospital. In the lives, health and healing of countless children, this is an appropriate memorial indeed.

"Even before enlargement, the Blank Hospital was one of the outstanding children's hospitals in the country. Now—with the additional facilities for 32 more beds, bringing the total to 112—it is not only the finest but the largest in the Midwest.

"Hospitalization is a terrifying experience for children. The facilities of Blank Hospital make hospitalization as pleasant as possible and provide all the resources of modern medicine for care and treatment.

"The expanded capacity for both in-patient and out-patient service, the laboratory for the preparation of formulas for babies, the quarters for resident doctors and interns, the room for minor operations, the pavilion for communicable diseases which may be divided into sealed-off units—these and other features are gifts to the community which will be appreciated by thousands of families each year."[8]

Besides furnishing more beds and the other facilities mentioned in the editorial, the new $200,000 wing provided additional advantages. One of the most important provisions was that for washed compressed air, used to nebulize penicillin for infections of the respiratory tract.

Visitors to the open house held June 13, 1948, for the new wing were impressed with the ultra-modern formula room, a tiled unit which could be sealed off from outside air, and was equipped with ultra-violet lights for sterilization of air.[9] Another development in this laboratory is the provision of pressure equipment which makes possible terminal sterilization. Formulas, made to individual prescription not only for the sick infants in the Blank Hospital but also for the newborn babies for whom it is prescribed in the nurseries of the obstetrical department, may be placed in the bottles, capped, and the entire unit sterilized at once. It is impossible for the baby's formula to be any safer than it is as prepared in this modern laboratory.[10]

From the time Blank Hospital was opened in December, 1944, when twenty ill children were moved from the seventh floor, until the time of the open house for the new wing, 10,315 children were cared for in the children's hospital.[11] The annual reports show that from August 1, 1947, through July 31, 1948, Blank had 3,656 patients; the following year, 4,043; and for the year ending July 31, 1950, 4,123. Tangible testimony to the increased prestige which Blank Hospital occupies is an increase by approximately fifty per cent of the amount of service rendered since the addition was made.

The percentage of total occupancy rose from 57.8% in 1948 to 74% in 1949, and 73.5% in 1950.[12] Although a children's hospital caring for patients with contagious or infectious diseases is more susceptible to seasonal fluctuations than other hospitals, there have been numerous occasions when the space has been entirely occupied.

That the Raymond Blank Memorial Hospital for Children has even surpassed the expectations is evident to everyone who has been in touch with the project. The parents who lost their son, then created a memorial to him to help other parents' children, once expressed their own reaction.

"Nothing else could have brought to Mrs. Blank and myself the deep satisfaction of this opportunity to carry out and bring to realization the high personal ambitions of our son, Raymond.

"From the beginning of the foundation structure, the Raymond Blank Memorial Hospital has seemed to grow and develop with the driving force of our son's enthusiastic hopes and plans.

"However, with the hospital completed, the undreamed goals in magnificent service achieved in a comparatively few months could never have been attained without the inspired administration and the eager cooperation of the pediatric staff and Iowa Methodist Hospital.

"A rapidly growing file of letters, pouring from the grateful hearts of fond parents, attests to the satisfying transformation of mere dollars into radiant health for the boys and girls who have walked forth into a rich and full life."[13]

FOOTNOTES

1. Unless otherwise noted, the material in this chapter is from a history of pediatrics at Iowa Methodist Hospital, written by Dr. Lee F. Hill, chief of pediatrics of Blank Hospital.
2. Board Minutes, April 1, 1943.
3. *Ibid.*
4. *Ibid.*
5. *Ibid.*, and April 20, April 28, 1943, and ff. Both board and executive committee were enlarged when the Raymond Blank Hospital gift was announced. The board thereafter consisted of thirty-three members in three classes of eleven each, with six elected annually by the conference and five by the board; two-thirds members of the Methodist church. The executive committee may consist of twelve, fifteen, or eighteen members, two-thirds laymen, one-third ministers.
6. Board Minutes, November 21, 1944.
7. Statement by the National Foundation for Infantile Paralysis, reported in the *Des Moines Register* July 9, 1951. Iowa's rate was 53.1 per 100,000 population. Twenty cases per 100,000 had previously been considered "epidemic proportions".
8. *Des Moines Tribune,* June 15, 1948.
9. *Des Moines Register,* June 13, 1948.
10. Information supplied by Mr. Donald Cordes, hospital administrator.
11. *Des Moines Register,* June 13, 1948.
12. Annual reports, 1948, 1949, 1950.
13. From *IMH, New Horizons for Service,* published by Iowa Methodist Hospital, 1945.

Chapter 12

PATIENTS ARE PEOPLE

Patients Are People

ANY LARGE hospital like Iowa Methodist is such a complexity of routines, its business is carried on in such an intricate interweaving of small details, that the patient as a person with peculiar needs might easily be overlooked. The hospital exists for the patient, but the emphasis in the past has naturally enough been on attention to his physical needs: seeing that he is comfortable, that whatever is making him sick is discovered, and steps taken to make him well again.

In the early days of Iowa Methodist Hospital, the general practitioner, who saw most of his patients in the home, was able to understand the background and to take that into account in prescribing for his illnesses, whether they were organic or functional.

The trend toward specialization and treatment of the patient either in the doctor's office, or in the hospital, has changed this. The doctor may be ever so sympathetic with his patients, but his carefully timed schedule simply does not allow the hours to visit the patient at home, or to know him in his setting. This trend was accentuated during World War II, with the scarcity of doctors, and has continued since, for many patients have learned not to wait for emergency conditions to call upon the doctor, but come to him regularly. Medical schools have not yet expanded sufficiently to provide for enough doctors to meet the increased demand.

Yet the patient remains an individual, and when he enters the hospital, does not leave behind him his personality.

Medical men, nurses, and hospital administrators are becoming increasingly aware of the intangible and psychosomatic phases of medicine. As more is learned about the interplay of health and personality, inevitably there is even more emphasis on the healthy mind in the healthy body.

Establishment of the psychiatric service in the new wing of Iowa Methodist Hospital, the first psychiatric service in any general hospital in the state, is one of the important steps being taken by Iowa Methodist Hospital toward recognition of emotional factors in illness. In addition to providing the opportunity for acutely disturbed patients to have treatment early in the course of the disease, and treatment that is not merely custodial, these facilities should do much toward removing the stigma of being a psychiatric patient.

But even the patients with the most balanced personalities may enter the hospital under circumstances that are emotionally disturbing. Nearly everyone is apprehensive before surgery or some other procedure requiring anesthesia. Just the need for entering the hospital as a patient may focus his attention on his symptoms in a way that is wholly unnatural to him. Sleeping in a strange room, in a different bed, may bring insomnia to a patient who ordinarily falls asleep when his head hits the pillow. There may be concerns over care of the family left at home. Many patients are upset over the economic problems hospitalization causes; how will they get the money to pay the hospital and doctor bills? And it is rare even in these days of emphasis on "natural childbirth" for an expectant mother to look forward to her delivery.

Everyone who works in a hospital is aware from time to time, despite the routine of his duties, of the real drama going on within the rooms. Architects cannot build a heart or a spirit into the walls; that can be done only by the people who work within them.

As has been indicated in an earlier chapter, an important contribution to the concept of treatment of the "whole man" was early made at Iowa Methodist Hospital in the establishment of the chaplaincy.

The Reverend Dilman Smith, who spent two decades as chaplain, retired April 21, 1939, when his advanced age made it impossible for him longer to carry on the arduous duties of the chaplaincy.[1] They were twofold: to serve as pastor and spiritual leader of the hospital, and to act as a field representative, to make such contacts as might help the hospital financially. It is recognized today that these functions are not necessarily carried on best by the same man, and the hospital now has both a chaplain who represents the hospital throughout the state, and a clinical chaplain, who serves as religious leader within the hospital and works with the medical and nursing staff in helping the patients.

Perhaps because of the dual role the chaplain was expected to assume, the hospital experienced difficulty in finding a successor to Chaplain Smith. It was not until May, 1942, that the Reverend Mearl Gable, a minister of the Iowa-Des Moines conference, was appointed to this post.[2]

As early as 1926 need had been expressed for a chapel within the hospital walls, "to accommodate religious worship of our nurses and such patients as could be transported to such services."[3] The Women's Societies of Christian Service undertook the furnishing of a chapel as a home mission project. The small worship center was opened with a dedication ceremony September 25, 1942. In the annual report Chaplain Gable made in 1943,[4] he described the use of the chapel for formal worship services and Bible study class for beginning nursing students, then added, "Our little chapel has been used many times by broken-hearted relatives and friends who have bowed before that holy cross and received peace and comfort and courage to face the future."

Chaplain Gable also interested the WSCS in providing easy chairs for the north nurses' home,[5] one of a number of projects the women of the Methodist Church have engaged in since the hospital began. The annual "ingathering" of canned fruits, vegetables, eggs, and linens continued through the years. In 1949-1950, the estimated value of these contributions was $3,100.[6]

At the suggestion of Chaplain Gable, Grace Noll Crowell of Iowa dedicated a poem to Iowa Methodist Hospital which he found helpful in expressing the "joyous hopeful side of Christian personality."

"It rises here with healing in its wings,
With mercy in its touch for all who come;
Its roof a shelter for the one who brings
His wounds for the skilled surgeon's hands to plumb,
Or for the one who enters seeking rest
From pain or sorrow's dark delirium.

God bless each one who comes and each who goes,
We pray that He companion you while here,
And as you leave, God grant the Christ who knows
All sorrow and has marked your every tear,
May walk so closely by your side that you
Be kept from further pain or grief or fear.

And we as doctor, chaplain, nurse will do
Dear friend, with God's help all we can for you."[7]

In 1948 the Reverend Lloyd Scheerer, pastor at Fairfield, Iowa, was appointed associate chaplain to work with Chaplain Gable. The associate's work included room calling, teaching Bible in the school of nursing, weekly chapel services for the nurses, aiding in recruitment of nurses, supply preaching in conference churches on Sundays, and making contacts with friends of the hospital for building and other funds. In September, 1949, the Rev. Mr. Gable retired, moving to Indianola. Associate Chaplain Scheer-

er was advanced to chaplain. The Reverend Thomas Klink transferred to the Iowa-Des Moines conference in October, 1949, serving as associate chaplain in charge of patient calling and chapel services while also serving as pastor of Capitol Heights Methodist Church. In January, 1951, the Rev. Mr. Klink resigned to become chaplain of the State Mental Hospital at Topeka, Kansas.

The following June the hospital announced the appointment of the Rev. Russell Striffler as clinical chaplain. He had recently completed two years of a special course at Boston University in clinical pastoral training, that included service at various types of hospitals, a child guidance center, the Boston Psychopathic Hospital and the Massachusetts Memorial Psychosomatic Clinic. His work includes counselling with patients throughout the hospital.

Iowa up to now has almost totally lacked facilities for mental care except in state mental hospitals.[8] Although the psychiatric unit of twenty-six beds is small in relation to the need, its progress as part of a general hospital will be watched and may play an important part in the public awareness of the need for similar units elsewhere within the state.

But perhaps the greatest achievements in recognizing the human needs of hospital patients have been accomplished in the childrens' hospital, largely through volunteer efforts of members of the Raymond Blank Hospital Guild. Dr. Hill, chief of the pediatrics service, declares, "No praise is too great for the accomplishments of this organization."

It is comparatively new. It was in September, 1946, that Chaplain Gable wrote to a group of Protestant ministers and Jewish rabbis, inviting them to attend a luncheon September 23, and to bring with them leading women members of their congregations, to discuss plans for organizing a guild. Nearly 100 ministers and rabbis and laywomen responded, and a steering committee was appointed to formulate plans, with Miss Mae Anders of Plymouth Congregational Church as chairman.[9]

In succeeding months, by-laws were formulated and adopted, sewing projects were begun by church groups, and volunteers were obtained to help with the recreational activities in the playroom mornings and afternoons. The name Raymond Blank Hospital Guild was chosen. A formal organization meeting, attended by thirty women, was held March 17, 1947, and the first officers elected were Miss Anders, president; Mrs. Harry Jacobson, first vice president; Miss Hilma Anderson, second vice president; Mrs. Henry Harmon, recording secretary; and Mrs. W. B. Chase, Jr., treasurer.

More than 100 women attended the first general meeting of the Guild April 6, when preparations were made for a membership drive conducted by Mrs. Ralph Jester, membership chairman. The May membership drive resulted in 1,370 individual memberships,

fifty unit memberships, and the securing of fifty-two life members, who had paid $100 dues each.

The Guild continued its volunteer services in recreation and making clothing for children to wear in the hospital, as well as other articles, such as toys and tray favors.

The work rapidly expanded. Energies were directed toward two major projects: to establish a fund for free and part pay hospital service for those unable to meet the costs, and to provide funds for increasing the resident pediatric staff.

There was a serious need for free service and for other assistance to families whose children's prolonged hospitalization might become an unsupportable burden. Blank Hospital facilities and its expert professional staff made it possible to treat children with rare ailments who formerly could not have been saved had they not been taken to hospitals in distant states. Newspapers from time to time told the stories of these youngsters, helped cooperatively by the hospital, its medical staff, and the Guild, to return happy and well to their homes.

As the Guild developed and more women interested themselves in its work, more work was found to do. One of the projects with which the Guild helped was a Growth and Development Clinic for the "forgotten age"—children from 2 to 5—where these youngsters might be brought periodically for examination and treatment. Cooperating with the Guild in the clinic were the Public Health Nursing Association, and the physicians who gave their time to it. The Guild also supplied volunteer clerical assistants for the outpatient department of the hospital.

Some of the Guild funds were devoted to sending resident physicians of the staff to pediatrics clinics in other states. Thus new information and techniques became available to the Des Moines hospital.

Not the least important of the services which developed in the first year was "mothering". A corps of volunteers appeared at the hospital daily to provide the loving personal care for which busy nurses could not always find time.

Realizing that children would be happier with pretty clothing rather than colorless hospital gowns, the women made dresses and pajamas that could be worn in hospitals, using bright materials. More than 600 garments were made in the first year.

In the following year, a gift cart was established and manned by Guild volunteers, who thereby not only raised funds for the various projects, but also provided a convenience to hospital visitors and patients. Funds were provided for a resident pediatrician. It was in September, 1948, that the Growth and Development Clinic was opened.

"Mothering" care was expanded in the second year to include not only help in recreation and entertainment, but also to assist

Mr. and Mrs. A. H. Blank are shown with three young patients, beside the bronze plaque honoring Mr. and Mrs. Blank, placed in the lobby of Blank Hospital by a group of civic leaders.

children with their hospital meals. This was a particularly important service to very small children. Children who were physically able were taken to the playroom to have their meals together, family style, at circular tables, with a "mother" at each table, the groups arranged according to age. Bright table cloths, the chance to be with other children, and the change from beds and wards to the pleasant recreation room immediately resulted in perked-up appetites. Children who had not been eating well began to ask for second servings.

In addition to raising funds for the various projects through membership drives, the Guild in 1948 received gifts for its work, one of $1,000 from the Variety Club, and earned more money through a style show.

During the second year the sewing groups made 886 hospital garments. In the first year of the clinic, 257 children were treated, the Guild paying for X-ray and laboratory services as well as furnishing volunteer clerical assistants. It provided funds totaling

$5,721 toward the care of thirty-three children who otherwise might have lacked necessary treatment.

New hospital equipment was also furnished through Guild funds. This included two much-needed incubators. The Guild also furnished and decorated a parents' room for the use of parents who needed to remain at the hospital during crises in their children's illness.

In the third year of the Guild history, there were more and more newspaper stories about the children who had been restored to health by the cooperative action of Blank Hospital, its physicians, and the Guild.

On July 18, 1949, the Guild established an annual merit award of $100 to be made to the nurse in the graduating class who had been most outstanding in pediatric nursing. The award honors A. H. Blank in recognition of his benevolence in behalf of sick and handicapped children. Mr. Blank was also honored by civic leaders at a testimonial dinner at the Standard Club July 31, 1949, for his seventieth birthday, and a bronze plaque honoring Mr. and Mrs. Blank was placed by this group in the lobby of the hospital.

Victor Borge, pianist-humorist, gave a benefit performance in November, 1949, under Guild sponsorship. The Guild received $1200 for its work from this performance. It was in the same month that the Guild issued "The Crib Sheet" for the first time. This semi-annual publication has done much to continue interest in Guild work.

In June, 1949, Miss Anders, who had been the chief organizer and first president of the Guild, was made honorary president for life.

Describing the work of the Guild, an editorial writer for the *Des Moines Tribune,* April 28, 1950, wrote, "The Raymond Blank Hospital Guild here in Des Moines is an effort to *put personality back into* one of these impersonal non-profit institutions for the good of little children. Guild 'mothers' personally feed lonely children, cooped up for reasons they can only dimly understand, and try to give the hospital rooms some of the atmosphere of a home."

In the fall of 1950, it was reported, 112 children had been aided through the Guild's three and a half years of existence, and $17,101 had been invested by the Guild in their health.

In its fourth year, the Guild has continued its previous projects and has begun new ones, devising various and ingenious new methods for raising funds. These include a courtesy cart, which is pushed through the hospital, providing patients a convenient way to purchase inexpensive and useful items; a baby's first picture project; and wishing wells.

At the parent's request, photographs are made in the hospital through the nursery observation window, of newborn babies; the project was so successful that it earned more than $1,000 during

its first year. Wishing wells, a game device for which players lay a coin on the edge of the well and attempt to hit a certain shell which will bring them good luck, are placed at the Municipal Airport, the Rock Island Railroad Depot, and in the lobby of the Fort Des Moines Hotel.

More than half the budget of the Guild in 1950-1951 was spent on free care for children. A total of $5,982.10 was used to aid forty-two children. The fund for free care in four years has totaled $20,510.

Efforts of the Guild membership had other results, less tangible, but also important to the hospital and the community. As women worked at and for the hospital, they grew to understand its problems, its complexity. As the emotional needs of children were served, volunteers themselves learned to understand children better. The organization reinforced the philanthropic character of the hospital, interpreting its aims and problems to the community, and enabling it better to understand the non-commercial philosophy of the hospital. Workers saw the need for extending the cooperation of the hospital with other agencies, and thus the work of the whole community for children was better integrated.

Not the least stimulating factor in the Guild's work is the constant realization that there is always more work to be done, hard and taxing work, but work intensely gratifying to the performer.[10]

Two other programs recently inaugurated at Blank Hospital have taken into account the need of the hospitalized child for a normal and stimulating environment.

The sick child admitted to a hospital during a school year has added to his physical illness a deep concern lest he fall back of his classmates in school. During his hospital stay he has many idle hours. Unless something purposeful is furnished for him to do, he may become lethargic, or get into mischief.

Recognizing these needs, the hospital arranged with the Des Moines school administration for the assignment of a part time special teacher, to be available in the Blank Hospital each day for instruction for any child of school age who would be in the hospital thirty days or longer. The level of instruction is determined by the results of achievement tests given to all children before beginning hospital school. Through an arrangement between the Des Moines schools and other school districts in the state, children who are given regular instruction at Blank are given school credit and permitted to return to the class from which illness forced them to drop out.

A school room was established on the third floor of the hospital, complete with blackboard, small tables and chairs, and other equipment needed for a school room. The stimulus of worthwhile

activities, the need to prepare lessons, and the added regularity of hours add greatly to the purposefulness of the child's hospital stay. Children look forward to the classes, and take pride in their accomplishments.

Through a plan developed by the hospital chaplain, Sunday School is held in the recreation room of Blank Hospital each Sunday morning. The Methodist churches in Des Moines rotate responsibility for the instruction on the basis of three months for each church. Each Sunday morning small chairs are set up in church fashion, music is provided, hymns are sung, and regular Sunday School instruction takes place. Volunteers assist the nurses and nurses' aides in the task of bringing patients in wheelchairs and small beds to the recreation room for this instruction.

To scientific care of physical illness, Blank Hospital thus has added school instruction for the intellect, Sunday school and chapel services for the soul, a recreation program and a home-like atmosphere for the spirit. It can truly be said to treat the whole child.[11]

FOOTNOTES

1. Board Minutes, April 21, 1939.
2. Board Minutes, May 19, 1942.
3. Board Minutes, October 19, 1926.
4. Board Minutes, October 19, 1943.
5. Board Minutes, October 12, 1944.
6. Annual Report, 1950.
7. Board Minutes, October 17, 1944.
8. *Hospital News,* October, 1949.
9. From notes of the steering committee, loaned by Miss Anders.
10. Information on the history and activities of the Guild has been furnished by Miss Anders, Mrs. James Enyart, past president, and Mrs. R. S. Butler, Jr., recording secretary, who loaned Guild minutes, annual reports, files of The Crib Sheet, and clipping books.
11. From a memorandum by Mr. Cordes.

Chapter 13

THE NURSES

The Nurses

IOWA METHODIST Hospital School of Nursing has made marked progress since World War II. Several achievements stand out: the affiliation with Drake University for teaching of the basic sciences and psychology and sociology; the development of the Iowa Methodist Hospital School of Nursing Committee, with constitution and by-laws, to serve in an advisory capacity to the School of Nursing; and the interim classification of the school as one of the highest twenty-five per cent in the country in its basic program.

The School of Nursing, until World War II, had operated under severe handicaps of lack of space both for residence and for classrooms. The rehabilitation of the South Nurses home and establishment of the Cadet Nurses' Corps program stimulated growth that has continued each year.

Miss Florence Wesslund, who had been superintendent of nurses for sixteen years, retired in October, 1943, and moved to California.[1] Loss of this capable and experienced director during the war years was felt keenly, for there were many problems occasioned by the war and the inauguration of the cadet program. Miss Wesslund was succeeded by Miss Edna Elmore, and she was succeeded in March, 1945, by Miss Mona Jackson, who had graduate training at Columbia University, New York. Miss Jackson resigned May 1, 1948, and Miss Marjorie Perrine was appointed Director of Nursing effective July 5, 1948. Miss Perrine, a graduate of the Colorado Training School, Denver, in 1932, with a bachelor of science degree in nursing from Vanderbilt University School of Nursing in 1944, had wide experience in nursing education. She energetically inaugurated a program designed to secure more graduate nurses, to improve student morale and effective self-direction, and to improve the curriculum and instruction.[2] At the time of her arrival, all but one of the faculty positions were vacant,

and there had been a persistent turnover of personnel for a number of years. The personnel appointed to fill these posts were all on the grounds by the opening of the fall term of 1948. There have been marked stability and high quality of faculty since Miss Perrine's initial task was successfully accomplished shortly after her arrival.

Another mark of progress was the standardization of nursing procedure. A procedure committee was appointed to review and revise nursing procedure then in use.[3] The revision continues as new techniques are developed.

The Student Council analyzed and revised its constitution and by-laws to develop a stronger student organization, capable of accepting responsibility in self-government.[4]

Other efforts were directed toward in-service training programs for the head nurse group and the graduate nurses engaged in general staff nursing. An on-the-job training program for all auxiliary personnel was also developed. An improved health program for students and other hospital personnel, and publication of a student handbook as well as a student monthly bulletin also were initiated.[5]

The affiliation with Drake University had been preceded by an agreement in 1937 for a coordinated college program in which college credit was given for nursing instruction. The earlier plan had been worked out by Miss Wesslund and Mr. Nettleton, representing the hospital, and President Moorhouse and Professor George Huff of Drake University. By this arrangement, a graduate of the school of nursing was allowed thirty hours of credit to apply on her college degree. Miss Clara Dillon was the first graduate to receive her degree from Drake University under this program.[6]

The fully coordinated program in basic sciences with Drake University began in September, 1948.[7] Students took eighteen hours of their first year's work in anatomy and physiology, microbiology, chemistry, pharmacology, psychology, and sociology on the university campus, and received for their work eighteen hours of university credit which may be applied later toward degrees either at Drake or another college or university. Transportation to the campus was arranged for students.

Students had privileges on the coeducational campus that included attendance at university social functions and programs, eligibility to purchase student tickets to athletic events, and use of the library and other facilities.[8]

Drake also offered two courses at the senior college level for graduate nurses who wished to continue their studies. Broadlawns and Mercy Hospital Schools of Nursing also participated in the affiliated program. (Iowa Lutheran Hospital's School of Nursing had earlier established a similar affiliation with Grandview Junior College.) A coordinating committee of representatives from each

school of nursing and the various participating colleges of Drake was chosen, and in January, 1949, Miss Ruth M. Boyles was appointed to the Drake faculty as coordinator of nursing education.[9]

It was in November, 1949, that newspapers and the American Journal of Nursing announced that two Iowa schools of nursing were included in the top twenty-five per cent of the nation's nursing schools. They were the University of Iowa School of Nursing and that of Iowa Methodist Hospital. The interim classification was made by the National Committee for the Improvement of Nursing Services, appointed by six national nursing organizations. Information on which the classification was based was provided by voluntary reports from 1,155 nursing schools in the United States, and the American Hospital Association, the American Medical Association, and the United States Office of Education.

The school ranked superior in the general over-all program content, curriculum, and library facilities. One deficiency noted in the report, the necessity to affiliate with the St. Louis County, Missouri, Hospital, to provide training in psychiatric nursing, is now partially eliminated with the inauguration of the psychiatric unit at Iowa Methodist, providing teaching opportunities for the students on their own hospital campus.[10]

The constitution and by-laws of the School of Nursing Committee, approved in 1947, not only added prestige to the committee, but also served to clarify its authority and its functions to make it more effective in promoting the interests of the school. Acting in an advisory capacity by authority vested in it from the board of directors, the School of Nursing Committee helps to guide the educational program for nurses.[11]

It was the committee which recommended in 1949 the appointment of a residence supervisor and recreational director for the school. The appointment made available to the students social and recreational facilities of Des Moines which had not been fully exploited for previous classes, and served to stimulate enthusiasm and raise morale of the student body.[12] In fact, never before had there been a really adequate recreational program for students, although traditional social functions had developed.

One of the activities that furnished satisfaction to many students who participated throughout the years was the Glee Club, organized before 1925 under the encouragement of Miss Ankeny, and with the leadership of a succession of volunteers from the nursing staff. There were usually twelve singers in the glee club, and for several years, there was also an orchestra. The Glee Club, besides furnishing music for hospital functions, appeared frequently in public, once, in recognition of National Hospital Day in 1942, giving a recital at Hoyt Sherman Place. Programs often were given in nearby churches, and a free-will offering was taken to be used in the hospital fund for free care. In recent years a professional musician has directed the choral activities.

As might be expected in any school of long history, traditions developed. Some of these were related to social life, such as the junior-senior banquet, the fall formal dance, and the functions relating to the annual commencement. Others served to impress the students with the dignity and philosophy of their profession. Participants and guests alike are moved by the solemnity of the annual commencement ceremony, as the attractive young graduates, wearing white academic robes and caps, proceed slowly up the

One of the traditions of the School of Nursing is the academic procession of the graduates from the north nurses' home to the First Methodist Church.

rostrum of the First Methodist Church where each receives her diploma, together with a red rose, carrying out the tradition established with the first class of four young nurses back in 1903. Here again are the "willing hands and loving hearts" described generations ago by Dr. E. E. Dorr when he spoke to that first class. And perhaps the continuity of that spirit of service was felt as never before in the 1951 commencement ceremony, when two members

of the first class, Miss Edna Snyder and Mrs. Emelia Reckseen, shared the honors of the forty-eighth commencement with the forty-six graduates at the hospital's fiftieth anniversary celebration.

The annual capping program in the spring of each year marking the completion of the pre-clinical period also is a solemn occasion, inspiring to the earnest young neophytes. The climax of the ceremony is the lighting of a lamp similar to that used by Florence Nightingale to give light for her duties as she served the war injured during the Crimean War from 1854 to 1856. Lighting of the lamp by students in the capping ceremony symbolizes the transfer of the Nightingale spirit of service to the nurse of today.

The lamp used in the Iowa Methodist Hospital service is one presented to the Seventh District of the State Nursing Association in 1932, as first prize in a national contest for a means of depicting the history of nursing and the opportunities of a nursing career. A pageant given by the senior students of the four schools of nursing in Des Moines won the contest. The ceremonial lamp is now used by all the schools of nursing in the district.[13]

Although for a time much effort was spent in recruiting students for the School of Nursing, the effort in 1951 is not so great, since there are now more applicants for admission to the beginning class each year than can be accepted. Many of the students come from Methodist churches throughout the state, where they learn from their ministers and church youth leaders of the opportunities for service in a nursing career. Each fall seventy-two girls are admitted, after careful screening. Those accepted are given an orientation course at the beginning of the pre-clinical period. Most of this nine months period is spent in classroom study: the curriculum of 1,316 hours for the total course includes 730 hours in the pre-clinical period, and students have only 150 hours in supervised ward practice in the first nine months.

The 44-hour-week for student nurses, which includes all time spent in classes, is arranged on an eight-hour-day, five days a week, and an extra half day. Students on afternoon or evening duty work only forty hours.

Iowa Methodist Hospital now averages 150 students in the School of Nursing, an enrollment exceeded in number only by the classes during World War II, under the accelerated Cadet Nurses' Corps program. Enrollment is limited by dormitory and classroom facilities. Should these facilities be expanded by future building, the hospital could admit a hundred students each fall; with the added capacity of the hospital, an additional student body could well be integrated into the hospital program. Since a large percentage of the graduates remain at the hospital for general duty nursing, a larger school would alleviate what appears to be more than a temporary shortage of graduate nurses.

In the summer of 1951 the hospital had in its employ approximately one hundred graduate nurses, including faculty of the School of Nursing, head nurses, and supervisors, as well as the general duty nurses. Although this is still not as many as the hospital could use, the nursing situation is far more satisfactory than during and immediately after the war, when the shortage was acute.

At Iowa Methodist a marked increase in the pay schedule for nurses has attracted more nurses to hospital employment, although it is difficult for Iowa Methodist and other private non-profit hospitals trying to hold down the costs for patients to compete with salaries offered by government hospitals.

The trend at Iowa Methodist Hospital as elsewhere toward meeting what appears to be a long period of shortage of nurses is toward the "team concept" of nursing, with the employment of two types of auxiliary personnel for registered nurses. These asssistants are either state-licensed practical nurses, who have had some formal training but are not graduates of schools of nursing; and nurses' aides, whose only training is in-service direction by the graduate nurses in those duties which they can perform.[14]

The nursing shortage was particularly acute during the poliomyelitis epidemics of 1948, 1949, and 1950. The American Red Cross and the National Foundation for Infantile Paralysis responded to appeals for help at Blank Hospital; in the fall of 1948, the ARC recruited sixteen additional nurses from various parts of the United States for service with the young polio victims, many of whom needed constant nursing attention. In October, 1949, the ARC sent thirty-five graduate nurses and the National Foundation supplied two physical therapists. In 1950, during the worst epidemic of the three, more than fifty extra nurses were recruited for the hospital for the emergency.[15]

A registry maintained by the hospitals and the Seventh District of the Iowa State Nurses Association furnishes the names of nurses available for private duty nursing care. Calls for private duty nursing within the hospital are somewhat less frequent than formerly; the cost to the patient or his family of $30 a day if three shifts are needed is usually prohibitive; and improved anesthesia in surgical cases has meant such patients have less need than formerly for constant individual attention. In the effort to reduce the cost to the patient for private nursing, as well as to supply such nurses when they are needed, the hospital has encouraged group nursing; that is, a private nurse is urged to take care of more than one patient at a time, if the location and condition of the patients permit.[16]

Advancement of the School of Nursing is one of the principal aims of the Alumni Association of Iowa Methodist Hospital, an organization whose activities have been particularly outstanding

in the last year, during which its members undertook several major projects in connection with the fiftieth anniversary of the founding of the hospital and the school.

In the summer of 1950, Mrs. Gladys McMurray Ransom of the class of 1923 was appointed general chairman of the celebration plans, which were integrated with plans developed concurrently by the hospital administration.

Miss Isabel McHarg of the class of 1907 long had been interested in preserving information and materials pertinent to the history of the hospital and the school. Assisted by Mrs. S. E. Lincoln, the former Millicent Schaar of the class of 1905, she proceeded to assemble these materials and organized other alumnae into a working group for gathering data to be used in the history of the hospital's first fifty years. Their enthusiasm was contagious, and before long many other persons associated with the hospital were drawn into the initial phases of the history-writing.

Mrs. Frances Hammer Weaver of the class of 1937 was chairman of an album project; she and her committee obtained by various means, including vast amounts of correspondence, photographs of all but thirty-two of the school of nursing's 1,358 graduates. These photographs were reproduced in uniform sizes, and mounted in a large permanent glass and metal album, the "pages" of which represent the classes by years. When this mammoth hinged-album was first exhibited at the golden anniversary tea June 3, 1951, in the north residence for nurses, it was one of the principal attractions. The project of obtaining the photographs continues as the alumnae hope to obtain pictures of every graduate.

There also was great interest in the mannequins which display the five types of uniforms worn during the fifty years. Much research was undertaken to make sure that the costumes for the models were accurate in every detail. Another alumna, Mrs. Jane Edwards Cooper, during this same busy year, wrote "The Etiquette of the Cap" for use by the School of Nursing in expressing the capping traditions to students.

Nearly all of the three hundred alumnae living in the Des Moines area were enlisted in these projects, and in other preparations for the golden anniversary celebration June 2, 3, and 4, 1951. The three-day program began with thirty-seven class dessert luncheons, held in homes and elsewhere; commercial photographers took pictures at each of these class reunions.

The banquet at the Fort Des Moines Hotel June 2 honored particularly the three living members of the first class of 1903—Miss Edna Snyder and Mrs. Emelia Reckseen, who were able to attend the anniversary celebration, and Mrs. Rosina West Gruenninger, who was prevented by illness from coming.

Alumni and other guests attended a tea given by the School of Nursing on June 3, and were conducted on tours of the nurses' residences, Blank Hospital, and the then incomplete south wing.

On the occasion of the anniversary, the Alumni Association gave to the School of Nursing one of its most treasured possessions, a Chickering spinet piano, for use in the living rooms of the north nurses' home. The gift was one of many which have been made by the loyal graduates to the hospital throughout the years. The hospital redecorated and refurnished the living rooms of the residence so that students now have most pleasant surroundings for leisure hours and for entertaining guests, with the new piano as a focal point.[17]

Although the last year's projects of the Alumni Association might be considered to have earned them a well-deserved rest, the organization is already planning its 1952 project, a memorial to Miss Gertrude Morrow, the first American nurse killed in action in World War II, and the only graduate of Iowa Methodist Hospital School of Nursing to give her life in military action.

Miss Morrow was with the 95th Evacuation Hospital, sent first to Casa Blanca, North Africa, and then from Oran to Salerno, Italy. On the way to Salerno, the hospital ship *Newfoundland* was bombed, but Miss Morrow and the others were rescued. They later set out again for Italy, this time to Paestrum, and eventually to the Anzio Beach action. It was there on February 7, 1944, that the hospital was bombed and Miss Morrow suffered the injuries which resulted in her death during the night.[18]

Throughout the years there have been many nurses who have endeared themselves to the hospital family and to the patients they have served. It would be impossible to detail the devotion and the selfless service of all imbued with the Florence Nightingale spirit. But among those about whom the happiest aura of memories accumulates are Miss Mabel Kenyon and Miss Alida Hobbs. Miss Kenyon, a graduate of the hospital school in 1921, was a supervisor from that time until her retirement in 1946, a period of twenty-five years. Miss Hobbs, a graduate of Wesley Memorial Hospital in Chicago, came to IMH in 1924, acting first as a supervisor and an anesthetist nurse. She is best remembered by alumnae as instructor and director of nursing education, a position she held for more than fifteen years.[19]

Activities of the Alumni Association are augmented by those of the Married Nurses' Club, an organization of married alumnae which meets monthly, its eighty members including in their program welfare work, mending for Blank Hospital, Red Cross sewing, and projects to assist the general alumni association.[20]

FOOTNOTES

1. Board Minutes, October 19, 1943.
2. Annual report of Director of Nursing, October 19, 1948.
3. *Ibid.*
4. *Ibid.*
5. *Ibid.*
6. Memorandum on Coordinated Nursing and College Course, prepared by Mrs. Vivian Miller Walkup of the Alumni Association.
7. Annual report, 1949.
8. Memorandum, Mrs. Walkup.
9. *Ibid.*
10. *Hospital News*, October, 1949; *Des Moines Tribune*, November 9, 1949; Confidential 1949 Summary Profile of Iowa Methodist Hospital School of Nursing, issued by the National Committee for the Improvment of Nursing Service, sub-committee on School Data Analysis; letter on composite basic diploma program of schools in Group I of the Interim Classification of Schools of Nursing Offering Basic Programs.
11. Constitution and By-Laws of the Iowa Methodist School of Nursing Committee.
12. Annual Report, 1949.
13. Capping Program, March 19, 1948.
14. Interview with Miss Marjorie Perrine, Director of Nursing, July 24, 1951.
15. *Hospital News*, February, 1949; *Des Moines Tribune*, August 5, 1949; *ibid.*, February 3, 1950.
16. Interview, Miss Perrine.
17. Information about the activities of the Alumni Association has been supplied by Mrs. A. D. James, 1951 president of the Association.
18. From a tribute written by Nurse Deloris Buckley, close friend of Miss Morrow, who, in the same bombing episode, was seriously injured and lost both legs.
19. Notes by Miss McHarg.
20. *Ibid.*, and interview with Mrs. James.

Chapter 14

THE DOCTORS

The Doctors

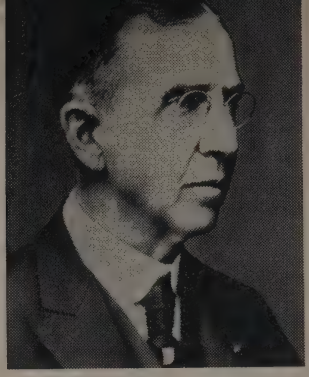
IT WAS EARLY in the 1930's that Dr. David W. Smouse, who performed the first operation in Iowa Methodist Hospital shortly after it opened, retired and moved to California, first having contributed to the city of Des Moines $330,000 for the Smouse Opportunity School.

"I came to Des Moines as a family physician," the widely known surgeon said when he retired. "The first specialist to come to Des Moines was an eye, ear, and throat man.[1] Then on came more specializing, till finally we had scalp, finger nail and toe nails involved. There was little left for the family physician."[2]

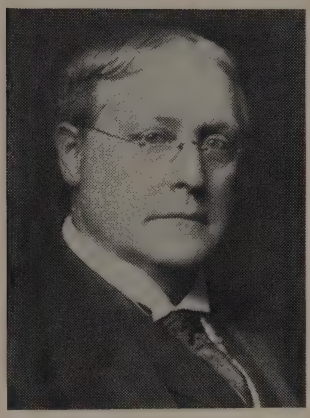
Great changes, indeed, had come about during Dr. Smouse's practice in Des Moines, and the trend toward specialism was marked. Dr. Smouse was at the height of his professional career at the age of 47 when he performed Methodist's first operation, a career which had begun in 1876, when the young graduate of the University of Maryland Medical College hung up his shingle at Monroe, Iowa, four years before coming to Des Moines.[3] And today, he would be gratified to know, his colleagues in the profession of medicine, including the specialists, are again focusing their attention on the family physician, the general practitioner, as an essential contributor to the medical team.

Partly because of the relationship with the Drake Medical College, Iowa Methodist Hospital had outstanding staff leadership from the beginning. Despite his disclaimer, Dr. Smouse, a member of the Drake faculty, was something of a specialist, since most of his practice was in gynecology.[4] Dr. Lewis Schooler, from 1886 to 1903 dean and professor of clinical surgery of the medical school, was also on the first staff, although he did most of his surgery at Mercy Hospital.[5] Dr. Addison Page, who assisted Dr. Smouse and taught gynecology at Drake, was another leader in relation to the hospital. At one time he was considered to have the largest obstet-

SOME OF THE EARLY DOCTORS

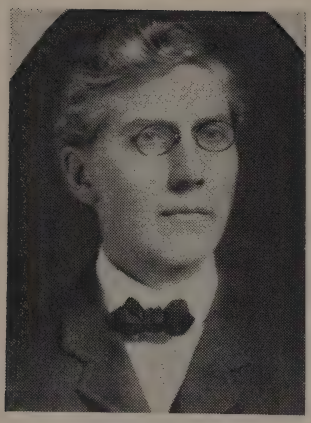


Dr. David W. Smouse

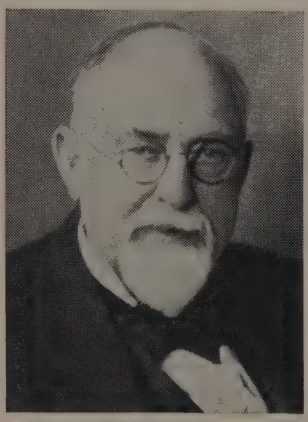


Dr. James Taggart Priestley

Dr. E. E. Dorr



Dr. Andrew R. Amos, first specialist



Dr. Lewis Schooler

rical practice in Des Moines.[6] Dr. James Taggart Priestley, recognized as one of the leading consulting physicians of his period and one of the founders of the Iowa College of Physicians and Surgeons, was influential also in the early medical development of the hospital through his association with Drake.[7]

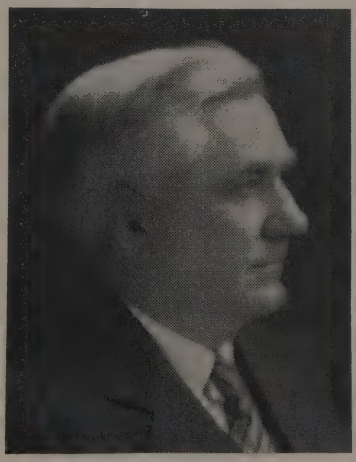
Among the later Drake faculty men who contributed toward Iowa Methodist Hospital's excellence were Dr. Walter Bierring, Dr. Arthur Steindler and Dr. John H. Peck. Dr. Peck, assistant professor of medicine,[8] was particularly influential in Des Moines and nationally in the fight to eradicate tuberculosis. The first president of the Iowa Tuberculosis Association, in 1933 he also served as president of the National Tuberculosis Association.[9]

Dr. Bierring, state health commissioner today, and the only Iowan to have been honored with the presidency of the American Medical Association, an office he held in 1934, long has been associated with Methodist Hospital. A graduate of the University of Iowa in 1892, he had postgraduate study at Vienna, Heidelberg, and Paris, and became professor of theory and practice of medicine at Drake from 1910 to 1914, after teaching at the state university medical college.[10] Although he gave up his active connection with the hospital in 1933 when he became state health commissioner,[11] he continued his interest in the hospital, and was instrumental in focusing the interest of the Blank family in a children's hospital as a memorial to their son Raymond. The Walter Bierring Clinical Laboratories of the now expanded hospital perpetuate his name as a living memorial to an outstanding medical leader.

Dr. Steindler pioneered orthopedic surgery at Iowa Methodist Hospital before leaving the hospital staff to join the university staff when the Drake Medical school merged with the state university.

Many of the doctors whose names were to mean much in the later development were students when Dr. Smouse became a member of the staff. One, Dr. Oliver James Fay, was just completing his medical course at the College of Physicians and Surgeons of the University of Illinois. After receiving his medical degree in 1902, he interned at Augustana Hospital in Chicago, taking an extra year of training there in surgery.[12] It was not long after his arrival in Des Moines in 1904 before his practice and reputation began to rival those even of Dr. Smouse, and by 1925 his surgery had grown to the extent that he requested the exclusive use of an operating room. The board of directors authorized the superintendent to "assign to the use of any surgeon who is a member of the medical

Dr. Walter Bierring



Dr. Oliver J. Fay

staff of the hospital an operating room whenever the business of that surgeon be equal to and greater than one-third of the volume of the surgical work of the hospital."[13] Dr. Fay was given his operating room. Appropriately, an operating suite in the new wing bears his name as a tribute to his leadership.

Drake graduates, too, contributed significantly to hospital development. It was in 1905 that Dr. Nelle Noble became the first woman intern,[14] and the following year Dr. Thomas A. Burcham, now considered the "dean" of the medical staff, started his internship. Names such as these have become almost synonymous with Iowa Methodist Hospital.

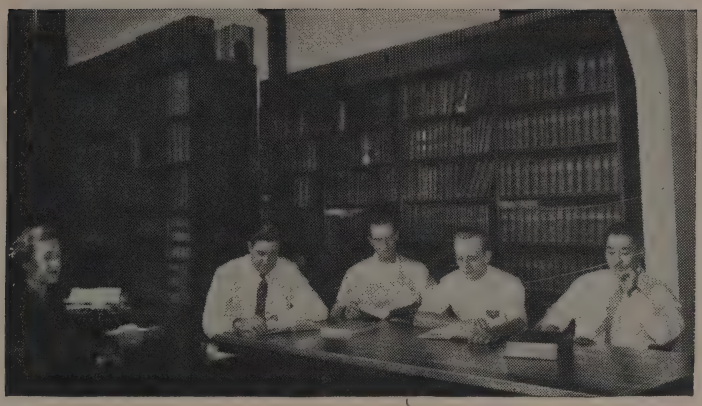
Because association with the medical college was a stimulus to the hospital staff from the beginning, progress might easily have stagnated when the college affiliation ended. But this did not happen. The staff continued to be alert, well-informed, progressive.

That the staff of Iowa Methodist Hospital throughout its history attracted men and women of unusual calibre can be attributed to several factors. When the medical college merged with the state university, many of the faculty stayed on in Des Moines to practice, continuing as members of the hospital staff. Staff meetings and private clubs afforded keen intellectual stimulus. There were individuals who placed the advancement of the hospital ahead of personal motivation. There were a friendly atmosphere and a continuous interest in the education of younger medical men.

When the medical college closed, a group of the staffs of Methodist and Mercy Hospitals did not want to lose the inspiration of new information and new ideas. Dr. Daniel J. Glomset, professor of pathology and bacteriology at Drake from 1911 to 1913, who set up the pathological laboratories of both hospitals and was Iowa Methodist's first pathologist, invited a few of these colleagues to meet at his home, where informally was organized the little publicized but highly influential library club.

The club had as its purpose to "keep up". Wanting to insure that new members would be as earnest in their desire to learn as the founders, the half dozen or so who formed the group made the organization "so exclusive that we couldn't have gotten in ourselves," Dr. Glomset recalls. At first this group met once a week for their rigid study programs. The Drake Medical College Library (which later became part of the Iowa State Medical Library)[15] was available to them, and at each meeting one member presented a paper.

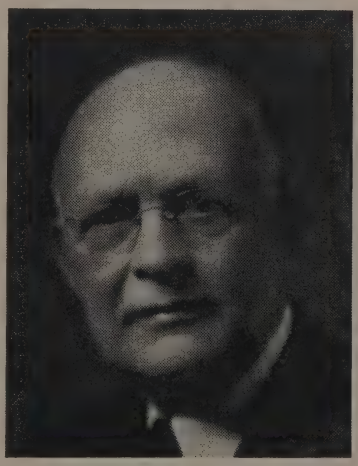
"If one of us had to give a paper at some medical meeting, he was required to read it first to this group," recalled another member. "The criticism was so severe that he would go home, toss sleepless for a few nights, then write the whole thing over." As the years passed, the men from the Mercy Hospital staff dropped out, and the present membership of about forty, although no longer meeting every week (professional programs of the whole staff and



Interns and residents in the Oliver J. Fay Medical Library.

other organizations increasingly filled the need first supplied in the club program) are all members of the Methodist Hospital staff. This club, although it never had an official connection with the hospital, has nevertheless contributed greatly to hospital advancement, helping to stimulate staff members. Similar groups organized later also participated in this self-improvement factor.

In earlier days doctors necessarily felt more keenly than today, when every competent doctor has more patients than he can comfortably handle, the element of competition and rivalry. It is easy to understand how some might rationalize cultivation of the "bedside manner" and the unethical practice of splitting fees. Yet there were always many with integrity of spirit. And Iowa Methodist Hospital was fortunate to have such men as leaders on its staff.



Dr. Thomas A. Burcham

Younger doctors today, trained to the habit, consider it as a matter of course that they are part of a team working together for the good of the patient. It is taken for granted that any improvement in hospital facilities and operation is for the general good. This newer professional attitude developed intensively at Iowa Methodist Hospital during the twenties, paralleling the development of the clinical pathological programs of the medical staff in its meetings. Unquestionably the pathologists, in a better

position than others to "see the forest rather than the trees," have done much to foster the attitude of working together as a hospital.

Among a number who from the earliest days were objectively aware of the hospital as a community institution and anticipated and worked for its development, was Dr. Fay. Perhaps the major contribution he made was the private medical library which he gave to the hospital in 1940. It was one of the largest and most nearly complete private medical libraries in the state, some 1500 volumes forming the nucleus of the present library. To this Dr. Bierring added 225 volumes, and many others contributed. The library was conveyed to the hospital by a deed of gift, providing for a library committee of five members: the hospital administrator and the pathologist, as well as Dr. Burcham, Dr. Joseph B. Priestley (grandson of Dr. James Taggart Priestley), and Dr. Christian B. Luginbuhl. In case of vacancies on the committee, other than those held by virtue of official position, successors were to be chosen by the other members.

The deed provided that Iowa Methodist Hospital should furnish appropriate space and provide a librarian, subject to the approval of the library committee. The hospital was to subscribe to those medical periodicals which the library committee decided necessary for a modern useful medical library.[16] The board of directors accepted the gift February 20, 1940. Mrs. S. D. McFadden, the first librarian, was succeeded shortly by Miss Rebecca Rich.[17]

On December 3, 1948, the Oliver J. Fay Medical Library, approved by the Medical Library Association, became eligible to participate in its program of exchange of medical library material. The association, whose membership is based on rigid standards set up by its charter, makes available to member libraries an exchange of duplicate materials in order that they may maintain the most complete and up-to-date library possible.[18]

In 1943 a photograph of Dr. Fay was placed in the medical library.[19] On the occasion of his death two years later, the *Des Moines Tribune* commented editorally, ". . . He was innately curious in his philosophy, always searching for and accumulating more knowledge, endlessly. The vast medical library that he personally acquired and subsequently gave to Iowa Methodist Hospital illustrates this trait."[20]

Many of its staff have been instrumental in the development of the medical education program at Iowa Methodist Hospital.

In earlier days, anyone who wished to limit his practice could announce himself as a specialist, whether or not his training qualified him for it. Often it did. But when the formal resident training program developed, definite standards for specializing were formulated. Following his internship, under the newer program, a resident entered a period of two to five years special training in a hospital approved for such training by the various specialty boards and the American Medical Association. On the completion of his

residency, he was required to undergo stringent examinations given by the specialty boards. The successful candidate then became a "diplomate" of this board.

It was not until the middle twenties that this system of training specialists sponsored by the AMA was formally developed, although even before World War I a beginning of formalized postgraduate training had been made, and many of the older men of the staff, not "diplomates", had had comparable advanced training, at Iowa Methodist Hospital and other hospitals.

Long before the formal residency program was developed, Dr. Fay, among others, formulated his own plan of advanced training for talented interns, a variant of the preceptor plan under which most doctors before the twentieth century received their training. Each year he chose one of the interns to assist him the following year, personally supervising his development and directing his activities as well as paying his salary. By limiting the assistantship to one year, he made it possible for many young doctors, including a number now on the staff of Iowa Methodist Hospital, to benefit from this extended training.

From the earliest days, education of doctors was considered a legitimate function of Iowa Methodist Hospital, although it must be acknowledged employment of the first intern, Dr. Raymond Cluen, in 1901, was primarily intended to save the hospital money, since he could act as pharmacist. The staff, however, accepted responsibility for training of young physicians. Through the half century these have numbered 239 interns, and, since 1947, forty-five residents.[21]

From the beginning, the staff had an intern committee. A rotating service was offered, in accord with the standards of the AMA, with time apportioned equally in the major divisions of pediatrics, medicine, surgery, and obstetrics. The outpatient dispensary that followed the closing of the Drake clinics; later, care of the patients in the emergency room; and, for a time, care of patients in the obstetrics outpatient service, helped to provide experience for these young doctors.[22]

Dr. Lee F. Hill, chief of service in pediatrics, whose leadership in the field of children's medicine has received national recognition in his presidency of the American Academy of Pediatrics, was another who was unusually effective in his inspiration of and concern for young doctors. Also greatly influential was Dr. R. F. Birge, who, when he became pathologist in 1940, became adviser to interns and staff alike on matters of medical education. The number of autopsies performed increased under his direction so that Iowa Methodist was among the leading twenty hospitals in the United States in this work so important in the training of interns. Medical conferences were held with increasing frequency.[23]

World War II slowed the educational activities of the hospital although the few interns who could be obtained were trained

intensively. Since 1946, teaching not only resumed its proper function, but a much more ambitious program was developed.[24]

The more advanced residency training program began in pediatrics. Encouraged to undertake the program by Dr. Morris Fishbein and Mr. Everett Jones when the Raymond Blank Hospital was dedicated in 1944, the pediatrics staff made application to the Council on Medical Education and Hospitals of the AMA and to the American Board of Pediatrics for one year approval of residency training. This was granted late in 1945, and Dr. Joseph Standefer became the first full-time resident, appointed January 1, 1946. Dr. Jane McMullen was appointed at the same time to a half-time residency, and two other residents began the training program by June 1.[25]

Before any of these had completed a full year of service, and after a visit to the hospital by Dr. C. Anderson Aldrich, secretary of the American Board of Pediatrics, application was made to the Council and to the Board of Pediatrics for extension of approval to two years of residency training. When this was granted, Dr. Standefer and Dr. Charles Burr were the first to complete this longer residency training at Blank.[26]

In these first years, the pediatrics training program consisted of services with newborn and premature infants, sick and well infants, a contagious disease service, X-ray and pathology services, and work in the outpatient department. The well baby clinics sponsored by the Public Health Nursing Association gave additional experience to the residents.

The Friday morning clinics were continued, held now in the recreation room, since the library no longer was able to accommodate the number attending. By 1947 Blank had seven residents in pediatrics, and, in addition, the services of two of the interns of the main hospital on a two-months rotation basis.

More attention to teaching was needed for this expanded program. Daily ward rounds were organized and conducted by members of the pediatrics staff. A Journal club was organized, meeting three hours every Tuesday evening at Dr. Hill's home. A Wednesday morning medical record review and case analysis was begun.[27]

In the meantime, the medical staff was laying the groundwork for development of the teaching program in other divisions of the hospital. Representing the staff, Dr. L. M. Overton, a former member of the University of Iowa medical faculty, addressed the executive committee of the board of directors on January 16, 1945. He advocated the development of the various divisions in the hospital under chiefs of service; a continuation of the open-staff plan, but one functioning with greater authority than formerly; greater limitations on the conduct of the staff; and development of the teaching program to include every service of the hospital.[28]

Following his presentation, the executive committee requested the appropriate committee of the medical staff to prepare and sub-

mit new staff rules and regulations conforming with standards of the American Hospital Association and the American College of Surgeons.[29]

It was in the following March that Dr. Bierring appeared before the board committee to report for the planning committee of Blank Hospital on the question of development of the pediatrics resident training program. At this meeting the five pediatricians then on the staff, Dr. Hill, Dr. James Dyson, Dr. A. M. Smythe, Dr. Charlotte Fisk, and Dr. Dennis Kelly, were appointed to comprise the teaching staff of Blank Hospital.[30]

After the close of World War II, hospitals everywhere were receiving applications from doctors who had been in military service and felt the need of refresher work before launching upon private practice. It was an opportune time for the hospital to establish its resident program. By 1946 Iowa Methodist had secured the approval of the Council on Medical Education and Hospitals of the AMA for residency training programs in radiology, pathology, orthopedics, internal medicine, and general surgery, as well as pediatrics. The institution could now attract superior students who could render real service to the patients of the hospital.[31]

At first the cost of this educational program was looked upon with some skepticism by the hospital's directors. They questioned whether a private non-profit hospital should add to the cost of patient care the educational cost of residents, since there were available for this purpose no other funds from endowments, taxes, or other sources. The advantages of the program in action soon dispelled the misgivings. Patients were assured better medical care, constantly available; the attending staff were infused with new and stimulating ideas; better-trained physicians were being furnished to Iowa communities; and to the hospital was added a stimulating spirit of inquiry and of striving for elevated standards.[32]

A complete reorganization of the medical staff for the teaching program was accomplished. Seminars and conferences were set up in each specialty, and, where they had not existed before, in the basic sciences. Journal clubs were held in the evenings. There was closer supervision of the writing of patients' histories.[33]

One of the deficiencies of a training program in a private hospital is likely to be the lack of adequate outpatient facilities for the treatment of patients and the consequent lack of opportunity for independence of action by the interns and residents.[34]

Recognizing this need, the medical staff of the hospital approached the medical staff of the Broadlawns County Hospital where such services are available. Upon the recommendation of the medical staff, the board of directors of Iowa Methodist on June 15, 1948, approved an affiliation of the Iowa Methodist Hospital teaching program with the teaching program of Broadlawns Hospital. The plan provided that residents of the Methodist hospital would spend a portion of their training program at the county hospital,

with the latter paying the stipend to residents and furnishing housing while they were on duty there. The one-year trial agreement, begun in pediatrics, was renewed in 1949 and expanded to include affiliations in three other major services: general surgery, internal medicine, and radiology.[35]

The pediatrics teaching staff felt the need for some training of interns and residents in the behavior problems of children. The availability of federal funds for the Mental Health Act, as administered by the Mental Health Authority of the state of Iowa, made it possible to develop an affiliation in March, 1949, with the Child Guidance Center in Des Moines. By this plan the residents in pediatrics spent a period of three months in the Child Guidance Center studying the patients coming to that unit for counsel.[36]

These affiliations strengthened the training program. The medical staff became more and more interested in the educational development, particularly as younger members were appointed to the staff, and demonstrated the value of their training. By June, 1950, when Mr. Rolfe Wagner, president of the board of directors, presented diplomas to twelve residents and nine interns, there appeared to be no longer any question as to the value of the advanced teaching program.[37]

In June, 1949, Dr. Burcham, president of the medical staff, recommended to the executive committee the appointment of a part time educational director to coordinate the teaching program. Dr. Harold Margulies, an intern at the hospital in 1943, had returned

Interns and residents who completed service in 1950.

to Des Moines after completing a fellowship at the Mayo Clinic in Rochester, Minnesota. Interested keenly in the educational phase of hospital work, he was appointed to the coordinating position.[38] It became his responsibility to supervise the character and quality of the work, and to inform the house staff, administration, and attending staff of each other's activities so that they work together harmoniously. He works with the education committee and the committee for interns and residents of the medical staff in determining both policy and procedure.[39]

Establishment of the advanced teaching program and the growing complexity of medical science made necessary the reorganization of the medical staff advocated by Dr. Overton in 1945. This was accomplished in 1946, with a new constitution and by-laws, adopted by the staff January 16, 1946, and approved by the executive committee of the board of directors April 16, 1946.[40]

The preamble states, "Acquisition of scientific knowledge in the field of medicine is proceeding at an extraordinary rate. So great is this progress that no one individual can be expected to keep abreast of all the advancements. Nevertheless, it is the duty and responsibility of the physicians who work in a modern hospital to provide to the utmost of their ability all the facilities, knowledge, and necessary rules and regulations which will permit every patient admitted through the hospital doors to have the advantages of the most up-to-date methods of diagnosis and treatment. In this way the prestige of the institution grows, and the quality of work carried on by the physicians becomes a source of pride.

"Iowa Methodist Hospital is in the process of great expansion. Along with its modernization and extension of facilities, it is appropriate that the hospital's medical staff should assume greater responsibilities, striving always to improve the quality of medical care accorded patients, to maintain the professional standards of its members at the highest possible levels, and to meet fully the requirements of the Council on Medical Education and Hospitals of the American Medical Association for instruction of interns and residents."[41]

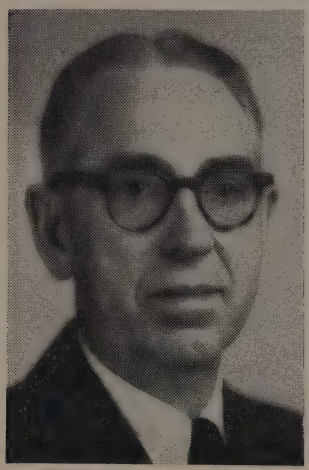
Under the new constitution, physicians appointed to the staff after careful investigation are placed on probationary appointment for a year, with limitations stipulated to those fields of practice for which they are qualified.

The medical staff as reorganized is divided into four groups: teaching, active, courtesy, and honorary. The teaching staff includes only physicians who have served two or more years, are interested in teaching and willing to take part, do the major portion of their work at Iowa Methodist Hospital, and are diplomates of their respective specialty boards, or have comparable training, experience, or competence. It is from the teaching staff that the chiefs of services and the chairmen of the standing committees are chosen.

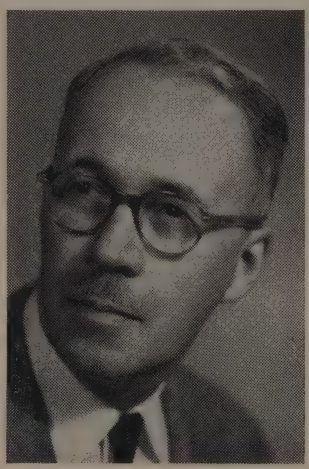
The active staff includes the other physicians who have served at the hospital one or more years, do a major percentage of their work at the hospital, are interested in the training programs; and, though they need not be specialists, they are assigned to a specialty in which they are skilled, and are expected to do at least half their work in that specialty.

The courtesy staff includes associate members otherwise eligible, who do not wish to or are unable to assume the obligations of

MEDICAL STAFF OFFICERS IN 1951



Dr. Lee F. Hill, president



Dr. A. D. James, president-elect

Dr. C. A. Sones, secretary-treasurer

active or teaching staff members. Non-resident and probationary members are also assigned to the courtesy staff. Each of the latter serves one year under a sponsor, a member of the teaching staff recommended by the executive council of the staff. The sponsor assumes full responsibility for the probationary member. If the latter is admitted to the permanent staff, the executive council reviews his record and recommends whatever restrictions it deems advisable to the type of practice he may carry on.

The courtesy staff also includes temporary members, who are supervised and limited in the same way as probationary members; and adjunct members, such as dentists and members of allied professions. The honorary staff are retired staff members and physicians of outstanding reputation, not necessarily resident in Des Moines.[42]

The medical staff is now divided into thirteen services: anesthesiology, dermatology, medicine, obstetrics and gynecology, neuropsychiatry and neurosurgery, ophthalmology and otolaryngology, orthopedics, pediatrics, pathology, radiology, surgery, urology, and general practice. The latter service was provided for by amendment to the constitution in 1950 in an effort to enhance the

stature of the general practitioner in the hospital, and a training program in general practice was established at the same time.[43] Since the AMA makes no provision for a formal training program in general practice, and obviously there could be no specialty board in general practice, the program cannot be formally approved. Iowa Methodist Hospital's staff, however, recognizes that many well-qualified doctors want to enter the general practice field, and wish training beyond the one-year internship. Out of such an experimental training program in general practice as this at Iowa Methodist may come renewed prestige for the essential field of general practice. It is a program that Dr. Smouse, as a family physician, would have endorsed.

Another change in the constitution provided for an executive council, relieving the staff as a whole from the many business details, thus making available more time for professional programs at the staff meetings. The new organization also established a liaison committee, consisting of the president of the medical staff and one other member of the teaching staff, to be *ex officio* members of the board of directors of the hospital and its executive committee. Heretofore medical staff members had been represented at directors' meetings only occasionally, usually when a particular problem was involved. The liaison appointment thus was another step in the evolution of a coordinated hospital program.[44]

Medical staff progress has been marked in the expansion period. The increasing attractiveness of Iowa Methodist Hospital to well-qualified doctors is evident in the remarkable fact that of the 1951 staff of 220 physicians, sixty-eight, or more than thirty per cent, are diplomates of the various specialty boards. This enviable record is unequalled anywhere in the state of Iowa, and is believed to be one of the outstanding proportions in the United States. It should be pointed out, also, that others of the staff, who received their training before the formally approved resident programs were established, have had comparable background and experience.

As the first fifty years of Iowa Methodist Hospital drew to a close, two significant advances were made in the field of research, the first historically notable because it represented the first officially-sponsored hospital research project; the second also historically significant as the first research project of the resident program.

Dr. D. J. Glomset, internist, and Dr. R. F. Birge, pathologist, became interested in the mechanism of cardiac conduction. Dr. Glomset, assisted by Mrs. Glomset, a medical technician, began in 1939 to question the orthodox concept that the cardiac impulse originated in a special muscular node in the upper right chamber of the heart and was carried by the ventricular muscle by means of a special muscle bundle. This was called the His bundle, because

it was discovered in 1898 by Wilhelm His, Jr., following observation by Tarawa, a Japanese scientist, of this structure in animals.

Dr. Glomset found that what was known as the His bundle does not exist in the human heart. Studies he and Mrs. Glomset made were published by the *American Heart Journal* and the *Archives of Pathology*, periodicals of the AMA. Publication of the first article brought an offer from the AMA for a grant to help with further research. Two grants of $500 each were received, and Iowa Methodist Hospital also granted $500 for the continued study by Dr. Glomset and Dr. Birge.

The research proved that old myogenic theories of the mechanism of heart action are no longer acceptable. The researchers postulated that heart contractions are regulated by intrinsic nerves, much as are other hollow viscera, as the ureters and intestines. The work was widely accepted by physiologists and cardiologists, and Dr. Glomset presented papers on the subject before the AMA and an international body of physiologists. The research laid the groundwork for a complete revolution of present-day medical knowledge of the heart and established a new point of view.[45]

The first original research by a resident in training at Iowa Methodist Hospital was the project of Dr. John Gustafson, who completed his first year of pediatric residency in June, 1951. Under the direction of Dr. Margulies and Dr. Hill, he studied the changes that occur in the heart during the acute stages of poliomyelitis, using the electrocardiograph for the study. The conclusions, prepared by Dr. Gustafson and Dr. Margulies, indicating that the heart is seriously involved in most cases of poliomyelitis, have appeared in an article in the August, 1951, issue of the *Iowa Medical Society Journal*, and were presented at the 1951 session of the Iowa State Medical Society.[46]

With the facilities now available at Iowa Methodist Hospital; the large number of staff specialists; and the now well-established resident training program, one may speculate on future development of the hospital in the research field. The major handicap is the need for funds to foster such work.

The provision of funds to make possible the free care of some patients is also necessary if the hospital is to maintain an adequate teaching program. Non-paying patients in a hospital have usually been considered a *sine qua non* for a good teaching program for interns and residents. The success of the teaching program for pediatric residents in Raymond Blank Hospital has shown that this is not necessarily true. The outpatient department of the Blank hospital is a private clinic in the sense that every patient there is assessed a physician's fee by the attending physician from whom that patient receives care. However, the willingness of the attend-

ing physicians to use the patients for teaching of interns and residents has strengthened the teaching program tremendously. It must be recognized, however, that children do not object to being used for teaching purposes, presentation at clinics, group study by physicians, discussion of conditions by many of the staff, and other circumstances which constitute teaching in a modern hospital. The same approach to the teaching program in the adult division of the hospital would probably be less successful because of understandable objections of patients who "do not wish to be guinea pigs".

Moderate funds for free hospital care of a small number of needy patients are available each year to Blank Hospital through the work of the Guild. This program for both adults and children may be expected to expand as endowment funds and other projects develop.

The medical staff and the hospital administration, as well as the board, would like to establish a limited number of free beds in the hospital where the patients admitted will be under the exclusive care of the intern-resident staff, subject to the direction of the teaching staff. It is hoped that funds will be available for this purpose within the near future so that this plan, which is in the tradition of the generous spirit which prompted the hospital's founders and those who worked in the earlier years, might provide greater opportunity to interns and residents to diagnose patients' conditions and plan their therapy throughout their hospital stay. Interns do not now benefit from the Broadlawns affiliation. Residents would doubtless benefit more from a program of free patient care over a sustained period of time than they do now in the shorter period they spend at the county hospital.

And, despite improved economic conditions for the majority, there always are patients who need this type of help. Sometimes the financial burdens of illness and hospital care come to families not otherwise indigent, perhaps ineligible, and often reluctant, to take advantage of tax-supported facilities. Iowa Methodist Hospital no longer, in the words of Bishop Leete, gives away what it doesn't have; but it seeks rather to obtain the means so that those in need may be helped, and the teaching program thereby might be strengthened.[47]

FOOTNOTES

1. The reference, Dr. Thomas A. Burcham believes, is to Dr. Andrew R. Amos, a member of the first medical staff of Iowa Methodist Hospital.
2. Quoted in Dr. Smouse's obituary, *Des Moines Tribune,* July 6, 1939.
3. *Ibid.*
4. Interview, 1951, Dr. Burcham.
5. *One Hundred Years of Iowa Medicine,* published by the Iowa State Medical Society, 1950, the Athens Press, Iowa City, Iowa, pp. 265, 266.
6. Interview, Dr. Burcham.
7. *One Hundred Years of Iowa Medicine,* pp. 143, 264, 265.
8. *Ibid.,* p. 268.
9. *Ibid.,* p. 163.
10. *Ibid.,* pp. 147, 148.
11. *Des Moines Register,* June 16, 1933.
12. Obituary, *Des Moines Register,* June 3, 1945.
13. Board Minutes, April 8, 1925.
14. Dr. Noble and Dr. Helen Johnston of the Iowa Methodist Hospital staff both served as president of the American Medical Women's Association, Dr. Noble in 1940, Dr. Johnston in 1947. (*One Hundred Years of Iowa Medicine,* p. 426.)
15. *Ibid.,* p. 433.
16. Copy of Deed of Gift, Oliver J. Fay Medical Library.
17. *Hospital News,* November, 1940.
18. *Ibid.,* spring, 1949.
19. Board Minutes, February 16, 1943.
20. *Des Moines Tribune,* June 6, 1945.
21. The list of residents and interns may be found in the Appendix.
22. Memorandum, 1951, Dr. Harold Margulies.
23. *Ibid.*
24. *Ibid.*
25. Memorandum, Dr. Lee F. Hill, 1951.
26. *Ibid.*
27. *Ibid.*
28. Board Minutes, January 16, 1945, appended.
29. *Ibid.*
30. *Ibid.,* March 20, 1945.
31. Memorandum, Mr. Donald Cordes, administrator.
32. *Ibid.*
33. *Ibid.*
34. *Ibid.*
35. *Ibid.*
36. *Ibid.*
37. *Ibid.*
38. *Ibid.*
39. Memorandum, Dr. Margulies.
40. Constitution and By-Laws of the Medical Staff of Iowa Methodist Hospital.
41. *Ibid.,* p. 3.
43. *Ibid., passim;* annual report, 1950.
44. Constitution, *ibid.*
45. Information from memorandum and interview with Dr. Birge and Dr. and Mrs. Glomset; from reprints of published conclusions, and newspaper reports.
46. Information furnished by Dr. Margulies.
47. Memorandum on free patient care, Mr. Cordes, administrator.

Chapter 15

THE NEW SOUTH WING

The New South Wing [1]

A MAJOR DEVELOPMENT of the 1930's and early 1940's, significantly affecting the hospital, was the demand of the public for more hospital care. This demand, as we have already seen, was the result of numerous factors, among them the increased urban population; the improved economic conditions of the public, placing hospital care within their reach financially; and the emphasis of the medical profession, particularly the doctors more recently graduated from medical schools, upon the need for treating patients in hospitals rather than homes.

Public education was also a factor. Articles on matters of health appeared in popular magazines with great regularity, creating an interest in health, and developing understanding of the need for securing treatment for illness in a hospital. The annual campaigns for funds of various associations interested in the treatment of such diseases as tuberculosis, cancer, heart ailments, and infantile paralysis, all contributed to this awareness.

The trends were accelerated during the war years. The lack of adequate persons to assist with household duties in the home, the trend to apartment dwelling, accentuated by crowded living conditions during the war, making it difficult to care for sick persons in small living units and crowded boarding homes; and the rapid growth of Blue Cross and other hospitalization insurance plans, making it possible for more persons to remove economic difficulties in entering the hospitals: all were factors creating greater demand for hospital care.

Such influences served during the forties to make it imperative that added hospital facilities be provided in Des Moines. In addition, the changing complexion of the board of directors traced in previous chapters gave the hospital direction by men interested in

View from the east of the new south wing.

progress, development, and continuation of the service of Iowa Methodist Hospital to the whole community.

The opening of Blank Hospital had also brought to the hospital added good will on the part of the public, and this expression of confidence by Mr. Blank in entrusting the board of directors with the management of the hospital created by his gift had encouraged the feeling that the hospital could grow and develop.

Plans called for a nine-story addition to the south, a wing which had been talked about since before the 1937-1938 campaign. An unsuccessful attempt to finance such a wing was made in 1941 in the application for Lanham Act funds. Late in 1944 it appeared that definite plans could finally be formulated.

The lessons of the 1937-1938 campaign for which the guidance of professional fund-raising personnel had been secured, were not easily forgotten. The failure of the earlier campaign led the board of directors in 1945 to determine that the new campaign should be conducted by the board itself. Since, by this time, the board included more representatives of influential and well-to-do families in Des Moines, the probability of success of a campaign conducted by the board itself was immeasurably increased.

By October 17, 1944, a building fund of $76,401.10 had been established. The nucleus of the fund was a legacy of $65,000 from the estate of R. A. Crawford, a former treasurer of the board of directors. Although Mr. Crawford, a banker, died in 1937, the

estate was not settled until 1943. By December, 1944, the building fund had grown to $85,712.[2]

The board invited C. E. Erikson of the firm of Schmidt, Garden and Erikson, Chicago, hospital architectural experts, to consult with it on building needs. Mr. Erikson pointed to the hazards in the existing arrangements of the obstetrical and surgical departments, and to the need for enlarged service departments.

He suggested consideration for providing for two classes of patients, the chronic and the psychiatric, in meeting the needs of the community, and discussed with the board the trend toward centralization of facilities within a general hospital. He recommended against immediate removal of the Central building, because in it were housed "every medical service in the hospital". Construction of a wing, it was pointed out, would not disturb the regular hospital routine during the building period.

Mr. Erikson estimated that such a wing would cost around $750,000. But building costs were rising so rapidly that the board decided on a campaign for a million dollars.[3]

Mr. Harold Brenton was appointed chairman of the general finance committee for the project. Co-chairmen were Mr. Ralph Jester, and his brother, Mr. Philip Jester. Mr. James Hubbell and Mr. Shirley Percival were vice chairmen. Dr. Thomas Burcham was appointed chairman of the doctors' committee, and Chaplain Mearl Gable was chairman of the committee to reach the Methodist Church.

The office for the campaign was established in the real estate and insurance office of Jester and Sons, and one employee was engaged to carry out the details of the work. The committee took pride during the years following the campaign that the expense was limited to the employment of one stenographer for approximately six months.

The mechanics of the campaign were simple. The chairmen accumulated a list of prospective donors together with specific sums which each would be requested to contribute. The memorial plan outlined by Will, Folsom, and Smith in the earlier campaign, and found highly successful elsewhere, was adopted. Each name was listed on a card, the cards assigned in limited numbers to specific persons, who, it was felt, would be most likely to succeed in securing gifts from those donors.

A corps of approximately sixty workers was gathered together at a "kick-off dinner" in the Des Moines club, when the purposes of the campaign, the need for the building, and the campaign plans were outlined. Mr. Ralph Jester, serving as the dynamo for the entire campaign, was very successful in kindling enthusiasm. Assurance had been received by the board that a number of significant gifts would be made at the beginning of the campaign. The *Register and Tribune* not only made a large gift, but pledged the services of the newspapers in giving the project adequate pub-

licity. Throughout the campaign, the committee met weekly for lunch; at these coordinating meetings, reports were given of contributions secured during the week, and some reassignment of potential donors was made. Newspapers periodically reported gifts and continued public interest not only by announcing contributions from time to time, but also by means of human interest stories, stimulating interest in hospital activities.

Pre-campaign pledges included those of the *Register and Tribune* for $50,000, to be raised to $100,000 if the campaign reached $950,000; the Hubbell interests, $50,000; the Iowa Power and Light company, $25,000; the Meredith Company, $25,000; Younkers, $50,000; and the Banks of the Clearing House Association, $100,000. Added to the nucleus of the Crawford and other funds, including $50,000 of earnings of the hospital, the campaign thus started with more than $400,000 assured. When the campaign was concluded, $1,044,551.14 had been pledged by 906 donors. The campaign was a tremendous success!

Not the least factor in its success was the effort of Mr. Hubbell, chairman of the building committee, who personally obtained fifty subscriptions.

Although the board minutes indicate that by 1947 all but $108,000 of the total pledged had been collected, the board was reluctant to proceed with the letting of contracts and construction of the wing, partly because of the difficulty of getting high quality materials for the wing, and partly because it was feared it might be hard to obtain an adequate staff to run the hospital when it was completed. There was little activity toward the completion of working drawings during 1946 or 1947. A hospital consultant, Dr. Herman Smith of Chicago, had been engaged to consult with the local architects, Brooks and Borg, in designing the building. By early 1948 better quality materials were available and there were more nurses and others to staff the hospital.

With the appointment of the new administrator, the board pressed more vigorously for the inauguration of the building program. In the spring of 1948, the architects and Dr. Smith were instructed to study the plans further and make recommendations at an early date. In June of 1948, Mr. John Brooks brought drawings for the structure to the executive committee of the board.

Building costs had risen so phenomenally since the war that the estimated cost for the project was astounding to the board. It was evident that more money would be needed than the million dollars in the building fund. The committee voted its approval of the plans and urged that every effort be made to secure federal funds for assistance in the cost.

Mr. Cordes, the new administrator, had made personal study of the hospital needs for Des Moines according to standards which he had learned in his hospital administrative training. His inquiries of the board of directors, the hospital consultant, the architects, and

others, as to how the number of beds was arrived at for the original plans revealed that the length of the building was seemingly determined by the space available between the south wall of the existing buildings and Callanan Drive, and the height was established somewhat arbitrarily at nine floors, one floor higher and two floors below the existing east building. In the meantime, the Iowa Lutheran Hospital of Des Moines also developed plans and began a campaign for the construction of a new hospital wing. Study of these plans led to the conclusion that the hospital needs of the community would be well accommodated by the addition of approximately seventy-five beds at Methodist Hospital and between forty and fifty beds at the Lutheran Hospital.

Accordingly it was recommended that the new wing be reduced to six floors above the ground accommodating 100 beds, the wing to be equal in height to the existing east building, and extending two floors below it. (Later a sub-basement was added to provide storage space, so in reality the new wing did become a nine-story addition.) This would make it possible to build a loading dock on the lowest floor at a level equal to that of Callanan Drive. Eliminating one floor would materially reduce the cost.

Other influences throughout the planning for this building should be traced. During 1945 and 1946 the American Hospital Association pressed for the passage of federal legislation for funds to add to those of communities needing help in hospital construction. This legislation, the Hill-Burton act, passed as Public Law 725 by the Congress in 1946, made the board of directors optimistic that Iowa Methodist Hospital could participate in these funds. The federal legislation required that laws be passed by the participating states creating a body commissioned to study the hospital needs of each state and establishing a priority list to be followed in allocation of federal funds. This state legislation passed the general assembly of Iowa in 1945, and the State Department of Health, with Dr. Walter L. Bierring as commissioner, was assigned the study task. The study of the needs of Iowa proceeded slowly until 1947 and 1948, when communities were ready for construction to be inaugurated.

Throughout the discussion for several years regarding funds available on a matching basis, the state department of health and others in Des Moines had been confident the project at Iowa Methodist Hospital could be assisted by federal funds. Conversations regarding the cost of construction nearly always included something to the effect that "we have one million dollars and the federal government will give us an additional one-third, so that a million and a half should be available."

Mr. Cordes, having had some experience with the development of this legislation and the thinking which went into its wording, immediately, when he arrived, began to question the likelihood of federal assistance for a project in a city of the size of Des Moines.

He pointed out that the funds were only $75,000,000 a year for the entire United States and that Iowa's portion was less, therefore, than $2,000,000. Since building costs had so sky-rocketed, these funds, even on a basis of one-third federal, two-thirds local, would not reach very far. The study made by the state department of health revealed there was a less immediate need for hospital construction in Des Moines than in many of the smaller communities through the state, and the Des Moines area, therefore, held a lower priority for such funds than had previously been expected.

The plans outlined to the board by Mr. Brooks in June, 1948, provided for the construction of the south wing, 135 feet long and 63 feet wide, extending from the west end of the east building to the curbline of Callanan Drive. The new building and the remodeling planned in the existing buildings would have given a total of 198 medical and surgical beds, forty-six maternity beds, and twenty-two psychiatric beds, plus fifty-six bassinets for the newborn. The total of 266 beds plus fifty-six bassinets would have compared to the previous capacity of the hospital of 200 beds plus fifty bassinets. (These figures do not include the bed capacity of Blank Hospital.) The estimated cost of the south wing as outlined by Mr. Brooks, based upon a construction cost of $1.50 per cubic foot of building, was $1,024,500. The equipment was estimated at $135,000; remodeling of the west wing, including the provision of new elevators and a new stairwell, $75,000; revision of the east wing, including provision of new elevators and remodeling of the emergency room and nursery departments, $90,000; minor remodeling of Central Building, $15,000; walks and drives, $10,000; and soil investigation, $500. This made a total of $1,355,000, which Mr. Brooks assured the board was in line with present-day building costs.

This report from the architects in June of 1948 for construction of a south wing, one floor less than had previously been planned, must be contrasted with the possibilities originally held out to the board. The directors were stunned, but instructed the architects, the administrator, and the consultant to proceed with plans and to report their progress regularly to the board. The action of the directors at the June meeting was the first official record of the approval of the incorporation of a psychiatric unit in this general hospital. The official approval of the unit marked the commitment for beginning a psychiatric service when the building was completed.

The summer of 1948 was a busy one for the finance committee, the building committee, and all others involved in the construction project. In the early fall of 1948, a group including Mr. Hubbell, chairman of the building committee, Mr. Jester, chairman of the executive committee, and Dr. Burcham, representing the medical staff, called upon the state department of health, carrying the architect's plans for the new project.

It proved to be a disturbing meeting to the directors, who had been counting on federal aid. They learned that Iowa's portion of the federal funds for 1947, 1948, and into 1949, was already committed, and that according to a strict interpretation of the federal and state regulations regarding the distribution, Iowa Methodist Hospital was too low on the priority scale to participate in the allocation of funds for general building. The group was told that the Des Moines area had only a low priority for federal funds, and it appeared that other areas having higher priorities were finding it possible to secure adequate additional funds to make construction possible.

On the other hand, the committee was assured that the psychiatric section of the proposed project had the highest priority, and that financial participation in the cost of such a project was possible at any time.

The disappointment of the board of directors when Mr. Jester, chairman of the executive committee, reported the outcome of the conference, can well be imagined. But the finance committee at this meeting in September, 1948, reviewed the building project to date and the funds at hand. The minutes record, "The chairman [of the executive committee] made a report concerning the deliberations of the finance committee . . . [who] recommended that the hospital submit a new application for federal assistance, requesting assistance in the construction of the psychiatric unit only in the amount of approximately $100,000; the committee also recommended that the administration and the architect be requested to proceed as rapidly as possible with working drawings and that bids on the project should be invited as soon as possible."[4]

Architects, consultant, engineers, and the administration spent many hours developing final details for the building. In November, 1948, Mr. Jester reported to the executive committee the approval by the state department of health and the Kansas City office of the United States Public Health Service of the hospital's request for participation in the cost of the wing in the amount of approximately $96,000. At the same meeting it was reported that the board had asked the city of Des Moines to vacate the strip of land eight feet wide between the south lot line of Methodist lot number one and the north curb line of Callanan Drive, into which the new wing was to project. Clear and merchantable title to the land was required before final approval of the building project would be given by the United States Public Health Service.

As the working drawings and detailed plans for the south wing progressed, the architects recommended the construction of an aluminum building with strong vertical lines to contrast dramatically with the existing east and west buildings. When construction was reviewed by the building committee, there was some hesitation on the part of several members regarding this type of construction for this climate. Mr. Jester, in particular, had serious doubts as to

the durability of the aluminum building and made inquiry regarding the temperature control of a building with maximum exterior walls three inches thick. Such buildings had been erected in Los Angeles, Portland, Oregon, Pittsburgh, Pennsylvania, and elsewhere, but none had been in existence long enough to give the metal a real test, and none was in an area experiencing the Iowa extremes of climate. Most of the other details regarding the quality of construction were determined by the architect, consultant, and administrator. They considered such questions as the extent of ceramic tile, quality of toilet fixtures in patients' rooms, type of floors to be installed, and other details which materially affect building costs. Instructions from the board were that a high quality building should be constructed, but no extravagance should be permitted.

The concentrated work by the entire staff of the architectural firm continued through the first months of 1949, and a tentative date for letting bids was established as the third week of June. Although the entire staff of the firm worked over the Memorial day holiday to complete drawings so that contractors might have two weeks in which to figure their bids, there were several other delays, and the board postponed opening of bids until August 24.

It was an exciting afternoon as directors, architects, and approximately fifty representatives of contractors gathered to hear the opening of the bids, read by Mr. Jester. But as the bids were opened it was learned that the low bids for the various projects reached the staggering total of $1,829,000—approximately $629,000 more than the available funds.

At a brief conference of the board members, administrator, and architects, held after the contractors left the room, it was decided to instruct the architects and administrator to analyze the plans and bids critically, to see what could be done to reduce the cost of the building. It was tentatively agreed that the finance committee should have an early meeting to discuss the next steps. Since the bids had been invited with a thirty-day acceptance period, the decision regarding the acceptance must be made before September 24.

By the time of the meeting of the executive committee on September 21, the estimated cost of the new wing had been reduced to $1,700,000. It was decided at this meeting to have an additional campaign for $300,000. Signing of contracts with the lowest bidders was approved, and immediate commencement of the building ordered. It was at this meeting also that it was reported that the federal funds had been approved, with a federal allocation of $96,000.

In order to secure the funds, the government required that the entire amount of money either be on hand or immediately available. The banks of the city gave written commitments of their willingness to loan the hospital up to $500,000.

Contracts, on motion by Mr. Hubbell, seconded by Rolfe Wagner, were let as follows:

Arthur H. Neumann and Brothers, Inc., general construction	$ 893,860
A. J. Allen Plumbing & Heating Co., plumbing and heating	218,880
Furlong Electric, electric	51,631
Conditioned Air Corporation, air conditioning	78,300[5]

Although the board was assured of the banks' willingness to lend the additional funds needed, it was extremely reluctant to go into debt for the new building. It was at the same meeting that Mr. Jester appointed committee chairmen to assist in the fund-raising for the $300,000 drive. They were Dr. Burcham for the medical staff, Chaplain Lloyd Scheerer for the Methodist church, and Mr. Hubbell and Mr. Wagner for the businessmen. The campaign dinner for the latter group was held November 14, 1949.

In mechanics the second campaign essentially duplicated the former one. During September, meetings of the medical staff had been held, with Dr. Burcham, Mr. Cordes, and others presenting the dilemma facing the hospital. The medical staff accepted a goal of an additional $50,000 towards the $300,000 sought. The *Register and Tribune* agreed to contribute $30,000 more, the Hubbell interests an additional $25,000, the Brenton interests an additional $10,000, Younkers, $25,000, and various other advance pledges were made, totaling approximately $10,000. These advance commitments made the board confident that the goal of $300,000 could be reached. As the campaign progressed, the early success was such that there was serious thought at one meeting as to whether or not the goal should be raised to $500,000, the total amount needed to complete the project. After much deliberation, the decision was postponed a week. The board was elated when the result of the campaign was $418,000, from 796 pledges. Several legacies brought the fund up to $448,052.59.

Mr. Hubbell also acted as general chairman for the second campaign, duplicating his extraordinary efforts of the first campaign by again obtaining fifty subscriptions.

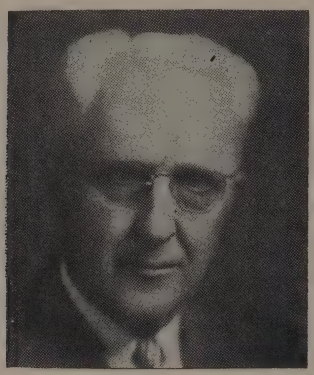
Again it was a volunteer effort of community leaders: the only campaign expense was the cost of employing one stenographer for three months. Remembering the humiliating loss of the pre-war campaign, the board congratulated itself on saving six per cent of the amount they had raised, by doing the work themselves.

The remarkable accomplishment of the executive committee in successfully conducting two financial campaigns from 1945 on may certainly be attributed in part to the continuity of service of its members, working as one man toward a common goal. Gathered together are men most of whom have served at least a decade for

the achievements they have obtained. They include Mr. Wagner and Mr. Jester, who began their long periods of leadership in the thirties, when the hospital financial situation must have seemed almost hopeless.

From the beginning of the first financial campaign, only four changes have been made in the membership of the executive committee. When B. F. Kauffman died, he was succeeded by William

OFFICERS OF THE BOARD OF DIRECTORS



Rolfe O. Wagner, president

Ralph Jester, chairman of the executive committee

Vincent Starzinger, secretary

Joseph Rosenfield, treasurer

Goodwin, Jr., who was appointed October 19, 1948. When Shirley Percival resigned, his son Wright Percival succeeded him, in October, 1949. The Rev. W. M. Briggs, pastor of Grace Methodist Church, was succeeded in February, 1949, by his successor in the Grace pastorate, Dr. Newton Moats. The Rev. E. A. Briggs of Newton was succeeded by the Rev. J. Henry Teele of West Des Moines in October, 1950.

With these exceptions, the executive committee has remained the same from the beginning of the first building campaign. This committee in 1951 still includes Mr. Wagner, Mr. Jester, William Wiseman, (until his death in December, 1951), Joseph Rosenfield, Ernest Sargent, the Rev. George Lawton, James Hubbell, A. H. Blank, Vincent Starzinger, Mr. Moats, Mr. Teele, the Rev. A. H. Barker, Mr. Goodwin, W. Harold Brenton, the Rev. C. C. Bacon, the Rev. Raoul C. Calkins, Mr. Percival, and Richard Young.

Instructions to the architects to reduce the cost of the building before contracts were signed took two essential forms. One was to

Ground breaking ceremony, new south wing, November 17, 1949. Mr. James Hubbell is shown turning up the first spade of dirt, surrounded by members of the building committee of which he was chairman.

change the exterior construction from aluminum to brick, roughly matching the existing brick buildings. This reduced the cost by about $35,000. The item included in the contract of approximately $50,000 for installation of a pneumatic tube system was completely removed and further reductions were made in the estimated cost of remodeling the east, central, and west buildings. It was felt that such remodeling as was done could be handled largely by the hospital's own maintenance staff.

When the results of the second building fund campaign exceeded expectations, the board authorized the architects to rein-

state the pneumatic tube system into the building project. Because the system was somewhat curtailed, the total cost was reduced to approximately $38,000.

The Arthur H. Neumann and Brothers firm began construction the last week of September, 1949, within a week of the delivery of signed contracts. Building of a new ambulance entrance at the eastern end of the east wing was the first undertaking. This entrance had to be available for the admission and discharge of patients before the south driveway of the hospital could be closed. After the ambulance entrance was built, a six-story enclosed fire tower was constructed above it to replace the old open, and admittedly inadequate, fire escape, which, fortunately, had never had to be used. During these early procedures, the telephone cable was torn up and all telephone service was dead for an hour, a serious situation in a hospital.

The next step was the construction of a series of five temporary but weatherproof ramps, between Central building and the east wing. This made possible the removal of the closed-in porches and permanent ramps between these buildings. This work proceeded through October and November, and by December, 1949, preparation was underway for reinforcing the foundations of the east and central buildings to permit construction of the new wing some thirty-two feet lower. This project, taking about four months, cost a total of approximately $44,000.

Although actual excavation for the south wing did not take place until March, 1950, the ground-breaking ceremony was held on the south lawn of the hospital grounds November 17, 1949. Mr. Hubbell turned up the first spade of dirt, while other members of the building committee surrounded him, holding shovels as a photograph was made of the historic occasion. Chaplain Scheerer prayed, dedicating the new project to God, and invoking His blessings upon the work.

Construction proceeded with only one major difficulty. Before bids had been invited, some test borings had been made of the earth upon which the building was to be erected. In staking out the places at which borings should be made, architects were guided to have them where the excavations were to be deepest, nearest the other buildings. Earth findings on two borings were excellent, indicating there would be no difficulty whatever in supporting an eight-story building. A third boring, made at the extreme south end of the site, also was satisfactory. No borings were made between the two sites, a distance less than 100 feet.

As the construction proceeded, excavations revealed the presence of a pocket of sand which, when wet, resembled quicksand, and was a real hazard to construction. The pocket extended about forty feet along the eastern side of the site, and nearly to the western side of the proposed foundation. Hurried consultation among the directors, architects, and others resulted in the determination to

call in a consulting firm from Chicago. Conferences were also held with the *Register and Tribune* management, which had encountered similar problems in its project completed the previous year. As a result of these deliberations, a Chicago firm was employed to "solidify" the soil on the project. Large drills were bored into the earth through the entire sand pocket to solid clay below. These borings were filled with a rich mixture of concrete under extreme pressure. Enough drillings were made so that the concrete would seep through the sand and, as it hardened, solidify the entire area.

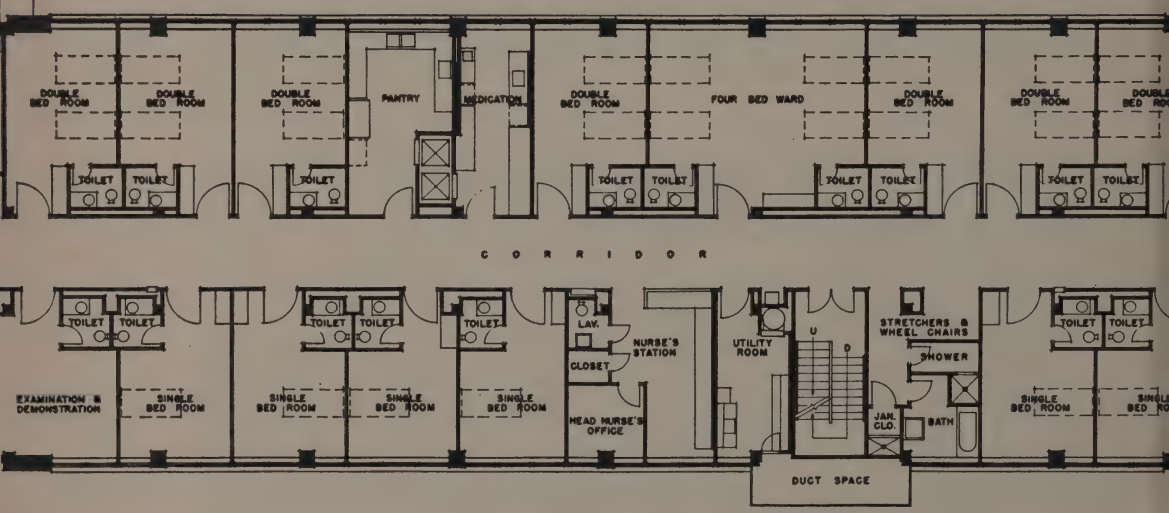
This method of meeting the problem proved satisfactory, and readings taken throughout the next two years revealed no sinking whatever of the foundations. A delay, not too serious, of two to three weeks resulted from this problem and its solution.

Despite the delay, by late May of 1950, excavation was completed, foundations were poured, and steelwork was erected for the first two floors. By the following October steelwork was up for the whole building and the brick work was completed for the first two

The operating rooms in the new south wing afford the most modern surgical facilities.

floors. Fireproofing of the foundations proceeded. By late November the tunnel connecting the wing with the power house and laundry was nearly completed and the exterior of the building was finished so that, during the winter months, work could proceed within. An addition had been made to the project, to construct a transformer room adjacent to the new tunnel. This made possible the installation of new electrical transformers underground, removing the unsightly poles and transformers which long had marred the rear view from the hospital.

Minor difficulties were encountered as building proceeded, but the only major delay was in the delivery of built-in steel lockers for each patient room. Although delivery had been promised to the contractor, by May 1, 1951, final delivery was not made until August, thus delaying the opening of patients' rooms at least sixty



Typical patient floor plan of the new wing. Notice the recessed nurses' station in the center foreground.

days. Although some other projects proceeded somewhat more slowly than had been expected, there was no focal point for the delays. The main kitchens of the hospital were opened in August, and the pharmacy and central supply departments were occupied shortly thereafter. The first patients were admitted September 25, 1951, almost exactly two years after construction began.

The new building reflects the best in modern planning and construction. The building is six floors above the ground, equal in height to the east wing, but three floors below its level. The modern loading dock at the street entrance on the south for receipt and shipment of all materials to the hospital represents a great convenience, and is far enough distant from hospital rooms to prevent disturbing the patients. The first floor includes ample locker rooms

for men and women employees, and a very large central supply room and modern pharmacy. The sub-basement has 4,200 square feet for storage, space which had been needed for many years. A three-floor elevator connects the loading dock with the sub-basement storage area and the ground floor kitchen immediately above.

The ground floor is devoted to the main kitchen. Large walk-in refrigerators are provided, and there are also a large butcher shop, a bake shop, ice cream-making equipment, as well as the general food preparation area. The kitchen area is approximately six times the size of the kitchen formerly used to prepare food for the entire hospital.

The first floor, corresponding to the first floor of the east wing, houses the new operating rooms. Six major operating rooms have been established in pairs of two each, separated by scrub-up and sub-sterilizing facilities. In addition there is a room for cystoscopy, and a room designed as a fracture room for the application of casts. The operating floor is entirely air-conditioned and artificially lighted. It is also distinct in that it is radiant-heated with hot water coils in the outside walls of the rooms. The walls of the rooms are tiled to six feet in height.

The second, third, and fourth floors are alike, each housing twenty-four patients within six private rooms, seven double rooms,

A patient's room in the new wing. In the background can be seen the built-in cabinets and the lavatory.

and one four-bed ward. Each room has a toilet and lavatory, and a cabinet for all utensils normally used in the care of a patient. The built-in full length lockers provide for storage of suitcases, hats and purses, and other personal items. The entire east or west expanse of each room is enclosed in window space so that the rooms are pleasantly lighted. The floors are covered with asphalt tile. Each room is provided with telephone outlet, nurse's call system, electrical outlets, and built-in oxygen system.

The fifth floor houses a new delivery room and labor rooms unit, including a large room for a fathers' waiting room, a demonstration room, and rooms for nurses' and doctors' lockers. At the west end of the east wing, adjacent to the new maternity floor, the area formerly occupied by the nursery has been completely remodeled, air-conditioned, and redesigned to provide space for bassinets for 30 newborn infants.

The sixth floor of the new wing houses the new psychiatric unit, divided into three major sections: three small security rooms for disturbed patients, thirteen beds in seven rooms for the less disturbed patients, and on the west end of the east building, ten beds for convalescent psychiatric patients. The psychiatric division has two nursing units, one for the ten convalescent patients, and one for the others. The area has generous space for occupational therapy; there are day rooms, and an unusual arrangement has been made for cabaret dining service in the large area off the central corridor.

The new wing includes two new automatic high speed elevators at the junction of the south, east, and central buildings. These elevators were the first major portion of the project completed, having been used since July 2, 1951. The pneumatic tube system extends throughout the buildings, including Blank Hospital. Air conditioning extends through the operating rooms, nurseries, delivery room suite, and the security rooms of the psychiatric unit.

Except for the operating floor, which has no windows, the building exterior is brick. The windowless area is constructed of transite, a mixture of asbestos and concrete. Altogether the new wing houses seventy-two medical and surgical patients in three floors of twenty-four beds each, plus the twenty-seven bed psychiatric unit. Although this represents a total of ninety-nine new beds for the hospital, one nursing unit of the west third floor was closed in order to house business and administrative offices and to provide for several other adjustments, so the net result of the new building is an addition of fifty-five medical and surgical beds, and twenty-seven psychiatric beds.

Colors are used freely in the interior decoration of the new wing, as well as in the patients' rooms, corridors, and elsewhere in the other buildings as they are refurbished. The use of color does much to relieve the hospital of the institutional drabness of traditional cream or white walls and ceilings.

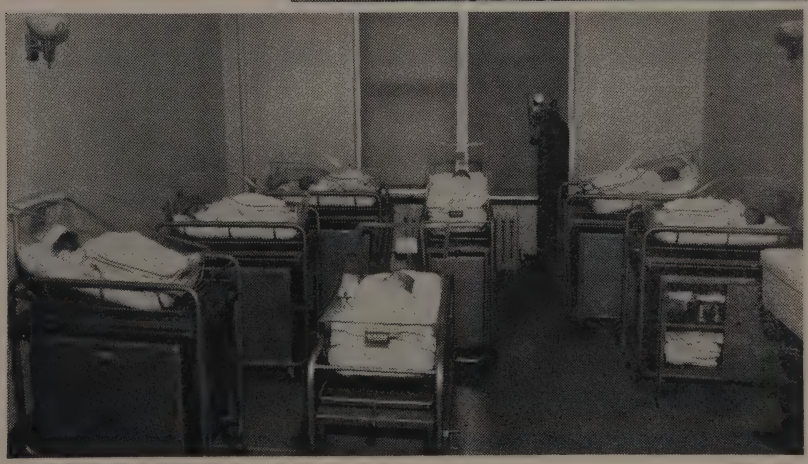
The patients' rooms of the new wing have built-in dressers with mirrors. The modern lighting system dispenses with glaring ceiling fixtures, substituting bedside floor lamps; and there are soft night lights near the doorway just above the floor. Venetian blinds are used at the windows, and the radiators are recessed. The modern furniture, especially designed for hospital patients, includes comfortable high-backed chairs, and ottomans.

Nursing stations in the traditional hospital have been tables and equipment in the corridors, somewhat obstructing the traffic. In the new wing, the nursing stations are recessed, separated from the corridor by counters. A lighted call board within the room makes it possible for nurses to answer calls to patients, eliminating the necessity for having the station in the hall. An advantage of

A CONTRAST IN NURSERIES

A scene in an early day nursery.

The 1951 nursery, with plastic bassinets, each storing everything needed for its tiny occupant.



the recessed station is the lack of interruption to the nurses on duty from visitors and staff passing through. The station is conveniently located in regard to the pneumatic tube station and the dumb-waiter. Each of the patient floors has special facilities for linens, and for attention to flowers, and, of course, there is a modern diet kitchen. Planning has taken into account every possible means of saving work for the nursing staff, in this way alleviating the shortage of nurses, a situation likely to continue for some time in view of the continually increasing demands for hospitals and hospital care.

In March, 1950, the hospital successfully conducted an experiment in the maternity department for "rooming-in" care, when a patient from Ames, Mrs. Richard K. Frevert, requested that she be permitted to have her baby placed beside her bed.[6] In the remodeled part of the previous maternity department, there will be four rooms available on a "rooming-in" basis. Eight mothers and babies can be accommodated at one time. Between each two rooms will be a small nursery large enough to accommodate four babies, so that when the mother wishes to sleep and not be worried by the infant's crying, the infant bassinet may be wheeled into the nursery, and the child cared for by the nurse without disturbing the mother. The living-in plan is rapidly being adopted throughout the country; Iowa Methodist Hospital will be the first hospital in the state to provide this modern means for caring for mother and child together.[7]

New bassinets were provided for the nurseries. Each bassinet is a separate unit for one baby, providing facilities for the storage of the baby's individual linen, medication jars, thermometer, and all the other items needed. Separate storage is a provision against cross-infection of babies. Under the bassinet is a shelf which is pulled out when the baby is to be bathed or cared for in any way. Nurses are required to wash their hands and change gowns before leaving one child to begin care for a second. Each bassinet stands in a small cubicle, separating it from the other bassinets.

The area of the remodeled nurseries includes three separate rooms for babies, and two workrooms and doctor's examination rooms. Nurses, the only ones permitted in the room with the babies, carry the infants to the doctors for examination or treatment. In the doctors' rooms there also are hand-washing facilities, and doctors change into sterile gowns before approaching the babies. The whole area is air-conditioned and equipped with ultraviolet lights to destroy the bacteria in the air.

An observation nursery is provided where small babies suspected of having infections may be separated from the others. This room has a separate staff, and separate examining rooms so that isolation from well babies is complete.

Since the Raymond Blank Memorial Hospital for Children was built, the children of Des Moines and the state have had the best

possible hospitalization facilities available. The completion of the new south wing and the remodeling of other areas of the hospital now means that adults and newborn children also will have the finest hospital care that can be given in the middle of the twentieth century.

Thus have the dreams of the founders, the labors of the workers, and the gifts of the philanthropic materialized into a splendid new monument for service.

Ralph Waldo Emerson wrote,

> "The hand that rounded Peter's dome
> And groined the aisles of Christian Rome
> Wrought in a sad sincerity:
> Himself from God he could not free;
> He builded better than he knew;—
> The conscious stone to beauty grew."

May the conscious stone of Iowa Methodist Hospital ever continue its growth to beauty!

FOOTNOTES

1. Much of the material for this chapter was furnished by Mr. Donald Cordes, administrator.
2. Board Minutes, December 22, 1943, October 17, 1944.
3. Board Minutes, December 20, 1944.
4. Board Minutes, September 14, 1948.
5. Board Minutes, September 21, 1949.
6. *Des Moines Tribune,* March 29, 1950.
7. *Hospital News,* April, 1951.

Epilogue:

THE END AND THE BEGINNING

Air view of the Methodist Hospital campus. The buildings may be identified by reference to the drawing on the inside cover. (Photograph, courtesy of the REGISTER AND TRIBUNE.)

EPILOGUE

THE END AND THE BEGINNING

Skies were blue and the sun was bright on Sunday, October 28, 1951, that day when the new south wing was dedicated in services in nearby First Methodist Church.

"We present unto you the new building of Iowa Methodist Hospital, to be dedicated to the service of Almighty God in the relief of the sick and the suffering," said Mr. Ralph Jester, chairman of the executive committee, as he stood in the congregation.

The voice of Bishop Charles W. Brashares responded,

"In the name of the Father, and of the Son, and of the Holy Spirit, we dedicate the new building of Iowa Methodist Hospital to the holy ministry of healing."

The responsive chant came from the hundreds of worshipers:

"Blessed are the merciful; for they shall obtain mercy."

Many of the worshipers had already visited the splendid new structure that was formally dedicated in the two Sunday morning services, during the advance open house held on Friday, October 26. Others joined the hundreds who toured the new wing the afternoon and evening of the dedication day.

The visitors started at the sixth floor, examining the psychiatric unit there which experts predicted would be the finest psychiatric unit in the midwest. Guided by members of the Blank Hospital Guild, they worked their way down through the lower floors, peering into rooms, admiring the attractive furnishings, exclaiming over the new hospital equipment, asking questions, reading the placards placed about for their information. They saw the various memorial plaques, including those commemorating the several major gifts, except that on the fourth floor, named for the late R. A. Crawford; the fourth floor was already occupied by patients, and was not open for the tour. The third floor was dedicated to the late Frederick M. Hubbell; the obstetrics floor, to the late Mrs. Gardner Cowles. Some knew that Mrs. Lottie McKelvey, for whom the second floor was named, had died early in 1951; she left one-half of her estate of nearly $200,000 to Iowa Methodist Hospital, a bequest that meant the new wing was completed without any indebtedness whatever, a singular achievement.

From the top floor, with its magnificent panoramic view of the city's hills and valleys, to the large and well-equipped kitchen far below, it was the best view most visitors had ever had of a modern hospital, and the last opportunity for most for a leisurely exploration; for scarcely had the last guests left the building when additional floors were readied for patients to be admitted the following day.

Symbolic was the key to the hospital used in the advance open house ceremony, held in the remodeled lobby of the main hospital. Bearing on one side the legend, "Iowa Methodist Hospital, 1901-1951," and on the other, "Never to Be Used," the long wooden key was passed by Mr. Arthur Neumann, head of the general contracting firm which built the new wing, to Mr. Rolfe Wagner, president of the board of directors, while Mr. John Brooks,

THE SYMBOLIC KEY

Rolfe Wagner, right, president of the board of directors, is shown presenting the key to the new hospital wing to Dr. Thomas A. Burcham, who was chief of the hospital medical staff when construction was begun, and was chairman of the medical staff committee for the building campaign. Standing between the two men are Bishop Charles W. Brashares, left, and Dr. Walter L. Bierring, state commissioner of health.

architect, looked on. When Mr. Wagner in turn passed the key to Dr. Thomas Burcham, the symbolic transfer of the new hospital wing through the medical staff to the service of the community was complete.

The dedication days were a happy climax, gratifying in every sense to the many who had worked long and persistently to make this ultimate triumph possible. Yet, even as they celebrated the successful fulfillment of an old dream, those who brought it to fruition were asking themselves, "What next? What else can Iowa Methodist Hospital do to serve the community?"

Here was a hospital that had grown from a small, plain, undistinguished community hospital to become the largest private

hospital in a great state, an institution with a vital role of restoring thousands of patients yearly to vigorous life, as well as an educational institution to prepare nurses, doctors, and technicians for their essential occupations. Had it now, indeed, reached its ultimate goal?

Three trends in hospital and medical development stand out in the first half of the twentieth century.

From the very beginning, Iowa Methodist Hospital had, in a humble way, furnished special facilities for the care of children. As the specialty of pediatrics grew with the century, Iowa Methodist Hospital through the generosity of the A. H. Blank family was able to lead in pediatrics, one of the three major developments.

The establishment at mid-century of one of the finest mental health units anywhere in a general hospital stamped Iowa Methodist as again a leader, in the second major development of the century, the recognition of the problems of mental and emotional health.

As early as the 1930's, directors of the board of Iowa Methodist began to discuss the possibility of participating in a third major development, that of providing an opportunity for older persons to have the benefit of modern hospital care for the chronic debilitating diseases to which they were subject. As the science of geriatrics developed, the question began to be asked: Why do we take it for granted that older people must live out their last years in failing health, discouraged, unhappy; why don't we do what we can not only to prolong their lives, but to make them happier, healthier, more independent?

And now, at the mid-century mark, Iowa Methodist is seriously considering what can be done to furnish care for these sufferers from chronic diseases, unable to care for themselves, living out their days and waiting to die, perhaps hoping to die. Even while rejoicing in the triumph of the dream come true, the builders are making their plans for future development, one that envisions the removal of the original hospital building, replacing the structure by a new unit that may make it possible within a few years for Iowa Methodist Hospital to participate fully in a third major trend of the century—the more adequate health care of those who suffer from long term illness.

The generous annuity funds and bequests from Rachel and Lytton Younker have been set aside for this purpose in accordance with the wishes of the donors.

There are other dreams, as the hospital comes to the end of the first fifty years and begins the new half-century. The educational programs, well-started, need to be strengthened, for there

is constantly increasing need for well-trained medical personnel. For this, and other programs, more funds are needed; and there is every indication that more will be forthcoming, as the community recognizes its responsibility for sharing in the growth of an institution that exists solely for the community it serves. That the community does recognize this was again apparent in the fall of 1951, when the Blank Hospital Guild extended its "Wish a Child Well" efforts to include a house-to-house milk bottle penny drive. The pennies and nickels and dimes collected by milkmen from the porches and back steps of Des Moines homes totaled $7,100, a sizable contribution.

There is a growing awareness of the ideal of accepting patients who need hospitalization regardless of their ability to pay for it. Here is an old dream, the dream of the founder, Theodore Gatchel, who felt the hospital should accept any patient, whether or not he could pay for the services. It is a new dream, too, as the leaders of Iowa Methodist Hospital seek to enlarge endowments, both for Blank and the adult hospitals, to insure that the best medical and scientific resources are available to all, to insure that those unable to pay part or even all of their expenses shall not for that reason lack the opportunity to be restored to healthy vibrant living.

January 16, 1901—the beginning—and October 28, 1951—not the end, but a new beginning, as the hospital continues to reach out, to serve.

"Blessed are the merciful, for they shall obtain mercy."

APPENDIX

The following list of interns and residents of Iowa Methodist Hospital from 1901 to 1951 has been compiled by Dr. L. K. Meredith and Dr. Nelle Noble. Only those who completed internship or residency are listed. It is possible there are omissions, since earlier records are not complete.

INTERNS

Year Name

1901—Dr. Raymond Cluen

1902—Dr. Claude E. Stanley

1903—Dr. William H. Green
Dr. William T. Oake

1904—Dr. Allen
Dr. James H. Mason

1905—Dr. M. J. Hammond
Dr. Nelle S. Noble

1906—Dr. Thomas A. Burcham
Dr. Raymond Luce

1907—Dr. A. S. Begg
Dr. George W. Newsome
Dr. O. J. Pennington

1908—Dr. Howard Smith
Dr. George H. Kenney

1909—Dr. J. A. Downing
Dr. E. B. Mountain
Dr. A. C. Norton

1910 Dr. Edward J. Harnagel
Dr. John Russell
Dr. Paul Van Metre
Dr. Leslie Nourse

1911—Dr. Lynn Hall
Dr. Roy Nichols
Dr. Floyd Smith
Dr. D. E. Hanna

1912—Dr. Irl McPherrin
Dr. Edwin B. Winnett
Dr. Joseph R. Winnett
Dr. Roy E. Parry
Dr. A. O. Wersig
Dr. Edgar Earwood
Dr. Benjamin T. Perry

1913—Dr. John R. Christianson
Dr. L. A. Coffin
Dr. David Jacobson
Dr. P. W. Glew
Dr. Clarence M. Peterson
Dr. Frank Bonnell

1914—Dr. John W. Billingsley
Dr. Herbert D. Porterfield
Dr. Dexter D. King
Dr. Frank J. Kotlar

Year Name

1915—Dr. Meredith Mallory
Dr. E. W. Lehman
Dr. Floyd Langdon
Dr. Heiner Hoff

1916—Dr. L. K. Meredith
Dr. R. S. Grossman
Dr. A. B. Carstenson
Dr. P. C. Palencia
Dr. Verl Ruth
Dr. Margaret Armstrong

1917—Dr. Harry H. Dilley
Dr. Merrill M. Myers

1918—Dr. W. R. Hornaday

1919—Dr. Roy Jones
Dr. Cluley Hall

1920—Dr. A. G. Felter
Dr. Lloyd Lacey

1921—Dr. Gerald Shuell
Dr. Roy Fleck
Dr. Walter Kitson
Dr. John Jewell
Dr. Harrison Jewell
Dr. J. Reimel
Dr. Margaret Nelson

1922—Dr. Thomas B. Murphy
Dr. Wendell B. Sperow
Dr. Alfred H. Lekwa
Dr. Florence White
Dr. William Dickson
(six months)

1923—Dr. W. W. Bond
Dr. C. A. Sones
Dr. Edwin Anderson

1924—Dr. Donald Kast
Dr. H. C. Bone
Dr. Donald Conzett
Dr. George Clark
Dr. Henry Henaveldt
Dr. John Veltman
Dr. Pierce E. Newport
Dr. Oral Cunningham

Year Name

1925—Dr. Henry Mohl
Dr. Al Weiser
Dr. Sam Long
Dr. J. P. Molesbury
Dr. C. E. Sixberry
Dr. L. E. Robinson
Dr. Carl Lohman

1926—Dr. Max Weise
Dr. Audra James
Dr. Earl E. Evenson
Dr. Charles Nicoll
Dr. William Geisler

1927—Dr. Elmer Kottke
Dr. Harry Webber
Dr. Floyd Peterson
Dr. Andy Ritan
Dr. Fred Murdock

1928—Dr. William Kemper
Dr. J. E. Gaines
Dr. Arthur A. Humphrey
Dr. Kenneth Weaver
Dr. L. H. Dill
Dr. C. J. Peisen

1929—Dr. Edwin S. Korfmacher
Dr. Theodore D. Englehorn
Dr. Theodore F. Lindberg

1930—Dr. William Purdy
Dr. Olin A. Elliott
Dr. William Harris
Dr. Isiah Kendall

1931—Dr. Thomas James
Dr. Harloe Bailey
Dr. Wilbur A. Miller
Dr. Maurice Noun

1932—Dr. Robert McKeon
Dr. Draper Long
Dr. Van Robinson

1933—Dr. Francis Wyatt Huston
Dr. Clare Trueblood
Dr. F. Craig Johnson
Dr. James McKenzie
Dr. Kenneth R. Brown
Dr. M. J. Rotkow
Dr. J. M. Keyle

1934—Dr. Fred T. Hargrove
Dr. Robert W. Schmitt
Dr. Ira D. Clark
Dr. Allen William Byrnes
Dr. Paul Pascoe
Dr. Robert J. Porter
Dr. Harold Allen Myers

Year Name

1935—Dr. Kenneth Schneider
Dr. R. J. Johnson
Dr. Charles L. Seaman
Dr. Ernest R. Moeller
Dr. Howard C. Bos
Dr. Treadwell A. Robertson

1936—Dr. Edwin S. Peeke
Dr. Sidney Brownstone
Dr. Alexander C. Krawzynski
Dr. Theodore R. Duer
Dr. Phillip Matzinger

1937—Dr. John W. Jansonius
Dr. John W. Caldwell
Dr. John D. Conner
Dr. Don Koser
Dr. A. E. Livingston
Dr. Joseph P. Ohlmacher
Dr. Howard H. Smead
Dr. Vasili V. Suntzeff

1938—Dr. Cyril A. Schwarze
Dr. Loyd K. Shepherd
Dr. Eugene Wagner
Dr. James C. Johnson
Dr. Herman N. Gierson
Dr. Stanley H. Gumbiner
Dr. Elmer P. Pratt
Dr. Francis D. Burdick
Dr. Kenneth E. Lister

1939—Dr. George A. Macnamara
Dr. Haim Taube
Dr. Joseph Schnierer
Dr. Frank A. Wilke
Dr. Roy Klockseim
Dr. J. N. Ellsworth

1940—Dr. Frank M. Rizzo
Dr. Eugene C. Penn
Dr. Stanley R. Sevenson
Dr. Herbert Iknayan
Dr. W. P. Pelz

1941—Dr. Martin J. Reimringer
Dr. Harold Klockseim
Dr. Salvadore R. LaTona
Dr. Tom Updegraf
Dr. Robert R. Stickler

1942—Dr. Ed Goetzman
Dr. Frederick Bryan
Dr. Donald Mackey

1943—Dr. Charles L. Burr
Dr. Robert Updegraf
Dr. Harold Margulies
Dr. Richard A. Young

Year	*Name*
1944—	Dr. Emanuel N. Lubin
	Dr. Richard B. Schenk
	Dr. Iwan E. Brown
	Dr. John Molencamp
	Dr. Leland Reek
	Dr. Robert Eaton
	Dr. Robert Lee
1945—	Dr. Robert Jongewaard
	Dr. Stanley Davis
	Dr. Bernard Coptle
1946—	Dr. Robert Byrum
	Dr. Thurman Leonard
	Dr. J. Lesley Montgomery
	Dr. Richard Moore
	Dr. George Schenk
	Dr. Earl Lowry
1947—	Dr. John Camp
	Dr. Raymond C. Ellis
	Dr. Norene Hess
	Dr. Berneice Kennedy Kohlhass
	Dr. Mary Lyons
	Dr. Antalin Raventos
	Dr. John Uchiyama
	Dr. George White
	Dr. David Wilbur

Year	*Name*
1948—	Dr. Edward A. Thistlewaite
	Dr. Marion E. Alberts
	Dr. Elizabeth Brinker Page
	Dr. Wilbur Waterman
	Dr. Willis J. Irvine
1949—	Dr. Robert Fife
	Dr. John Gustafson
	Dr. Dennis Biggs
	Dr. Joseph Bourke
	Dr. Ernest R. Deitch
	Dr. Kenneth V. Jensen
	Dr. Kathryn Ann Kelley
	Dr. Everett Mattmiller
	Dr. Phillip M. Porter
1950—	Dr. Walter Anderson
	Dr. James R. Cooper
	Dr. Everett Hendricks
	Dr. Karlis D. Neiders
	Dr. D'Annette Snyder

RESIDENTS

Service	*Names, Dates of Residency*
General practice	Dr. Jeanne Nitchals, 1950-1951
Medicine	Dr. James Sharpley Cole, 1948-1949 Dr. Phillip Couchman, 1950-1951 Dr. Norman Hepper, 1949-1950 Dr. Kenneth Dale Kittleson, 1950 Dr. Thurman Leonard, 1947 Dr. John Francis Phillips, 1948-1950 Dr. Isaac H. Shohet, 1950-1951 Dr. John K. Uchiyama, 1948-1950 Dr. George H. White, 1948-1949 Dr. George Young, 1946-1947
Obstetrics	Dr. Mary Louise Lyons, 1949-1950
Orthopedics	Dr. Donald W. Blair, 1948-1949
Pathology	Dr. Stanley Keith Davis, 1948-1950 Dr. Noble W. Irving, 1950 Dr. Thomas McMullen, 1946-1949 Dr. Pierce Thomas Sloss, 1950-1951
Pediatrics	Dr. Marion E. Alberts, 1950-1951 Dr. Charles L. Burr, 1946-1948 Dr. Robert Byrum, 1950-1951 Dr. Raymond C. Ellis, 1948-1950 Dr. Robert R. Fife, 1950-1951 Dr. John E. Gustafson, 1950-1951 Dr. Brace I. Knapp, 1947-1949 Dr. Jane W. McMullen, 1946-1947 (half time) Dr. John R. Mitchell, 1948-1950 Dr. Paul Roger Nelson, 1948-1950 Dr. Glen E. Nielsen, 1950-1951 Dr. Mary E. Pucci, 1950-1951 Dr. George J. Schunk, 1947-1948 Dr. Jack Spevak, 1947-1949 Dr. Joseph Standefer, 1946-1948 Dr. Harley C. Sullivan, 1948-1950 Dr. Edward A. Thistlewaite, 1950-1951
Radiology	Dr. Richard M. Kafka, 1950-1951 Dr. Harold J. Peggs, 1947-1950
Surgery	Dr. John W. Garner, 1950-1951 Dr. Robert Jongewaard, 1949-1951 Dr. Don Davis Mabray, 1949-1950 Dr. J. Lesley Montgomery, 1947-1950 Dr. William H. Myerly, 1946-1949 Dr. Henry F. Rattunde, 1950-1951 Dr. John C. Sullivan, 1950-1951 Dr. Richard Svehla, 1950-1951 Dr. Homer E. Wichern, 1950-1951